

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90081 002 ****61.25

DOCUMENT # N93000000131

1. Entity Name

VENDOME VILLAGE COUNCIL OF PRESIDENTS, INC.

Principal Place of Business

Mailing Address

C/O INFINITI PROPERTY MGMT. INC
 1301 SEMINOLE BLVD. #110
 LARGO FL 33770
 US

C/O INFINITI PROPERTY MGMT. INC.
 1301 SEMINOLE BLVD. #110
 LARGO FL 33770-8124
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3166908

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INFINITI PROPERTY MGMT INC.
1301 SEMINOLE BLVD.
STE. 110
LARGO FL 33770

Name

INFINITI

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SARINE, JOHN	
STREET ADDRESS	8512 DEAUVILLE	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, EVELYN	
STREET ADDRESS	6895 LAFAYETTE	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BRODSKY, LOUIS	
STREET ADDRESS	8330 VENDOME BLVD	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAHAM, WALTER	
STREET ADDRESS	8360 BURGUNDY	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNESS, DICK	
STREET ADDRESS	6895 LAFAYETTE	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cecil (Dick) Jenness
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cecil (Dick) Jenness 03/02/00 (727) 544-5370

Date

Daytime Phone #

CR2E037 (9/99)