## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 26, 2002 8:00 am Secretary of State DOCUMENT # N9300000131 1. Entity Name 02-26-2002 90148 028 \*\*\*\*61.25 VENDOME VILLAGE COUNCIL OF PRESIDENTS, INC. Principal Place of Business Mailing Address C/G/INFINITI PROPERTY MGMT. INC C/O INFINITI PROPERTY MGMT, INC. 1301 SEMINOLE BLVD. #110 1301 SEMINOLE BLVD., #110 LARGO FL 33770 **LARGO FL 33770** US: US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3166908 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) INFINITI PROPERTY MGMT INC 1301 SEMINOLE BLVD. STE. 110 City Zip Code FL LARGO FL 33770 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **X** Addition V/D Change Delete TITLE TITLE PISANO, JIM SARINE, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 8512 DEAUVILLE 7037 VERSAILLES CITY-ST-7IP CITY-ST-ZIP PINELLAS PARK FL 33781 PINELLAS PARK, FL 33781 ☐ Addition PD TITLE Change □ Delete TITLE HIGGINS, LARRY NAME NAME STREET ADDRESS STREET ADDRESS 7015 MONTE CARLO CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 **Addition** Change TITLE VD. ---- X Delete TITLE S/T/D - --COLES, GARRY NAME NAME FOSTER, RICHARD STREET ADDRESS STREET ADDRESS 6780 MONACO 6880 VERSAILLES CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 33781 PINELLAS PARK, FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

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