1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600005180

VENICE FIGURE SKATING CLUB, INC.

Princ	ipal	Pla	ace	of	Bu	sir
1266	US	41	ВУ	PAS	SS	\$.
VENI	CE I	FL :	342	92		

Mailing Address

1266 US 41 BYPASS S. VENICE FL 34292

FILED Mar 09, 1999 8:00 am Secretary of State 03-09-1999 90129 014 ****61.25

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2. Principal Pl	ace of Business	2a. Mailing Address		Date Incorporated or Qualifed			
21		26 4129 HOI	10 lulu D	R 10/04/1996			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	— — — · · · ·	lied For	
22		27		65-0704185	 	Applicable	
City & State	e	City & State	v-1	5. Certifcate of Status Desired	\$8.75 A		
23		28 50rasotf	3 , Fr		Fee Red	<u>`</u>	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 h	•	
24	25	29 34041 30	USA	Trust Fund Contribution	Added to	rees	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	ed Agent		
			O I IVAIIIO				
HOATSON	i, gail		82 Street A	Address (P.O. Box Number is Not Acceptable)			
4129 HON	IOLULU DR		83				
SARASOTA	A FL 34241		83				
			84 City		85 Zip C	ode	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above-named o	corporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	e of changing its repointment as reg	egistered istered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florida	a Statutes.			α	
SIGNATURE	Care 7.	HOOTSOI	•		2819	3	
	Signature, typed or printed name of registered agent a		gistered Agent signature re		AND DIDECTOR	20 IN 12	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE	D	POELETE	1.1 TITLE	D			
NAME	ROAD, BONNIE		1.2 NAME	Nicole Jenkins 1845 Seafar Circl	ല		
STREET ADDRESS	2636 GULF GATE DR		1,0 STREET ADDRESS	1043			
CITY-ST-ZIP	SARASOTA FL 34231		1.4 C/TY+ST+ZIP	Ft. Meyers, FL . 339	حـــ <i>ن</i> Change	Addition	
TITLE	D	DELETE	·	D		ddition	
NAME	SCHOLZ, TERRA		2.2 NAME	Margaret Jones 630 Talbot street	<u>.</u>		
STREET ADDRESS	1838 COCKLESHELL DR		2.3 STREET ADDRESS	630 Talbet street	゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚	フ	
CITY-ST-ZIP	SARASOTA FL 34231	protection of the second	2.4 CITY-ST-ZIP	Northpointe, FL	. 0 0	Grand Halitima	
TITLE	D	DELETE	3.1 TITLE	· · ·	Change	Addition	
NAME	Greer, Dennis	·	3.2 NAME				
STREET ADDRESS	3030 ASHTON RD		3.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34231		3.4. CITY-ST-ZIP		Dobassa		
TITLE	D	☐ DELETE	4.1 TITLE		Change	Addition	
NAME	HOATSON, GAIL		4. 2 NAME				
STREET ADDRESS	4129 HONOLULU DR		4.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34241		4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition	
NAME			5.2 NAME			.	
STREET ADDRESS			5.3 STREET ADDRESS			.]	
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLÉ		☐ DELETE	6.1 T∏LË		☐ Change	☐ Addition)	
NAME	·		6.2 NAME				
STREET ADDRESS	·		6.3 STREET ADDRESS	•			
			64 OTV ST 7ID			i	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: