

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90273 027 ***150.00

DOCUMENT # P02000066324

1. Entity Name
THE BANK OF VENICE



Principal Place of Business
240 NOKOMIS AVE S
VENICE FL 34285

Mailing Address
240 NOKOMIS AVE S
VENICE FL 34285

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

90-0022851

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **DAVID F VOIGT**

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

1007 BECKLEY CIRCLE

City **VENICE, FLORIDA 34292**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

DAVID F. VOIGT, PRESIDENT AND CEO

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BATTAGLIA, CHARLES J	
STREET ADDRESS	3468 LONGMEADOW DR	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANDT, JAMES H	
STREET ADDRESS	420 ANCHORAGE DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALTON, JOSEPH	
STREET ADDRESS	1218 VERMEER DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALTON, M M	
STREET ADDRESS	PO BOX 40	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEBOER, ROBERT	
STREET ADDRESS	613 FOUR BAYS DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOIGT, DAVID F	
STREET ADDRESS	1007 BECKLEY CIR	
CITY-ST-ZIP	VENICE FL 34292	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDERSON, WARREN S.	
STREET ADDRESS	621 RAMBLIN ROSE	
CITY-ST-ZIP	NOKOMIS, FLORIDA 34275	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, CHARLES E. MD	
STREET ADDRESS	436 ANCHORAGE DRIVE	
CITY-ST-ZIP	NOKOMIS, FLORIDA 34275	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACRIS, STEVEN W.	
STREET ADDRESS	227 PENSACOLA AVENUE	
CITY-ST-ZIP	VENICE, FLORIDA 34285	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRISON, RICHARD M., MD	
STREET ADDRESS	7 PEEKINS COVE	
CITY-ST-ZIP	BOCA GRANDE, FLORIDA 33921	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSELEY, W. PAUL	
STREET ADDRESS	608 VALENCIA ROAD	
CITY-ST-ZIP	VENICE, FLORIDA 34285	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, WAYNE	
STREET ADDRESS	750 EAGLE POINT DRIVE	
CITY-ST-ZIP	VENICE, FLORIDA 34292	

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES J. BATTAGLIA, DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment 10022522
#1 P02000066324

OFFICERS AND DIRECTORS (continued)

Title	D
Name	TAYLOR, EDWIN D
Street Address	1601 PINE LAKE DRIVE
City-St-Zip	VENICE, FLORIDA 34292

Title	D
Name	WILCOX, JR. MACK R.
Street Address	324 SUNRISE DRIVE
City-St-Zip	NOKOMIS, FLORIDA 34275