

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90119 019 ***150.00

DOCUMENT # P95000007247

1. Entity Name

ISLAND VENTURE PARTNERS, INC.

Principal Place of Business

Mailing Address

695 TARPON BAY ROAD
 SUITE 7
 SANIBEL ISLAND FL 33957

POST OFFICE BOX 716
 SANIBEL ISLAND FL 33957-0716

701232



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0553759

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMENIA, JOHN
695 TARPON BAY ROAD
SUITE 7
SANIBEL ISLAND FL 33957

Name

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 _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	ARMENIA, LUCY	
STREET ADDRESS	695 TARPON BAY ROAD, SUITE 7	
CITY-ST-ZIP	SANIBEL ISLAND FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILDMAN, DONALD	
STREET ADDRESS	695 TARPON BAY ROAD SUITE 7	
CITY-ST-ZIP	SANIBEL ISLAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ARMENIA, JOHN	
STREET ADDRESS	695 TARPON BAY ROAD SUITE 7	
CITY-ST-ZIP	SANIBEL ISLAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GIOVANNETTI, PAUL	
STREET ADDRESS	6954 TARPON BAY ROAD SUITE 7	
CITY-ST-ZIP	SANIBEL ISLAND FL	
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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

ARMENIA, LUCY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lucy Armenia, Secy. 1-17-00 941-395-9300

CR29F034 (9/99)