

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 8:00 am**
Secretary of State

01-25-2001 90229 004 ***150.00

DOCUMENT # 462431

1. Entity Name

VENICE TRAVEL AGENCY, INC.

Principal Place of Business

**251 W. VENICE AVE.
VENICE FL 34285**

Mailing Address

**251 W. VENICE AVE.
VENICE FL 34285**

2. Principal Place of Business

901 VENETIA Bay Blvd

3. Mailing Address

Suite, Apt. #, etc.

STE 220

Suite, Apt. #, etc.

City & State

VENICE FL

City & State

Zip

34292

Country

USA

Zip

Country

4. FEI Number **59-1591967**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KANETSKY, MURRAY
227 S NOKOMIS AVE
VENICE FL 34285**

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **REEVES, K. MARK**
STREET ADDRESS **11330 LAKEFORD DRIVE, SUITE 100**
CITY-ST-ZIP **DULUTH GA 30097**TITLE **CD** ☐ Delete
NAME **SPIEGEL, JOHN W.**
STREET ADDRESS **11330 LAKEFIELD DRIVE, SUITE 100**
CITY-ST-ZIP **DULUTH GA 30097**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **GENERAL MANAGER** ☐ Change ☒ Addition
NAME **GEIGER, ANN M**
STREET ADDRESS **5433 WHITEHAVEN LN**
CITY-ST-ZIP **SARASOTA FL 34233**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANN M GEIGER

Date

1-4-00 941 488-2238

Daytime Phone #

CR2E034 (10/00)

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