

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701849

1. Entity Name

YACHT CLUB APARTMENTS ASSOCIATION OF VENICE, INC

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90069 032 ****61.25

Principal Place of Business

Mailing Address

VENICE, INC.
1325 TARPON CENTER ROAD
VENICE FL 34285

VENICE, INC.
1325 TARPON CENTER ROAD
VENICE FLA 34285-1141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0936012

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

TRUESCHEL, VICKI
C/O STEWART BUSINESS SERVICES INC
1224 RIDGEWOOD AVE
VENICE FL 34292

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME KRENZ, ROGER K
STREET ADDRESS 1325 TARPON CENTER DR #22
CITY-ST-ZIP VENICE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME HOLLAND, JOHN M
STREET ADDRESS 1325 TARPON CENTER #5
CITY-ST-ZIP VENICE FL 34285

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME LUCK, JAMES
STREET ADDRESS 609 CADIZ RD
CITY-ST-ZIP VENICE FL 34285

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WOOD, NORMAN
STREET ADDRESS 1325 TARPON CENTER #3
CITY-ST-ZIP VENICE FL 34285

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME LEDWIDGE, ROSEMARY
STREET ADDRESS 1325 TARPON CENTER #14
CITY-ST-ZIP VENICE FL 34285

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)