

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # 702283

1. Entity Name

VENICE ART CENTER, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90109 028 \*\*\*\*61.25

Principal Place of Business 390 SOUTH NOKOMIS AVE. VENICE FL 34285	Mailing Address 390 SOUTH NOKOMIS AVE. VENICE FL 34285-2418
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-6178294</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MERRITT, ELEANOR  
3692 WALDEN POND DR  
SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name  
Park, Mary Lou  
Street Address (P.O. Box Number is Not Acceptable)  
1590 David Place  
City  
Englewood, FL Zip Code  
34223

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 Mary Lou Park, President

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

*Mary Lou Park*

(NOTE: Registered Agent signature required when reinstating)

4/1/00

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERRITT, ELEANOR 3692 WALDEN POND DR SARASOTA FL 34240 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD GREENBERG, MARY 581 CIRCLE DR VENICE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KORP, KATE 1208 N CASEY KEY RD OSPREY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARK, MARYLOU 1590 DAVID PLACE ENGLEWOOD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAMISON, GRAF 4386 INDIAN POINT TRAIL SARASOTA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Park, Mary Lou 1590 David Place Englewood, FL 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st VPD Nimick, Howard 344 Bay Shore Drive Venice, FL 34285 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VPD Krecicki, Andrew 115 Inlets Boulevard Nokomis, FL 34275 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Anthony, Ruth 104 B Crown South, 942 Capri Isles Blvd. Venice, FL 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Mary Lou Park*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Lou Park, President 4/1/00 (941) 474-6868

Date

Daytime Phone #

CR2E037 (9/99)