

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91215 022 ****61.25

DOCUMENT # 702283

1. Entity Name
VENICE ART CENTER, INC.



Principal Place of Business
**390 SOUTH NOKOMIS AVE.
VENICE FL 34285**

Mailing Address
**390 SOUTH NOKOMIS AVE.
VENICE FL 34285**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6178294**

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

**YAVAISH, WALTER J
122 JOSE GASPER
ENGLEWOOD FL 34223**

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

SIGNATURE *Walter J. Yovaish* **Walter J. Yovaish, President** **4/14/03**
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	YOVAISH, WALTER J	
STREET ADDRESS	122 JOSE GASPER	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	1VPD	<input type="checkbox"/> Delete
NAME	YANNOTTI, VICTOR	
STREET ADDRESS	405 TRENWICK	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	2VPD	<input type="checkbox"/> Delete
NAME	GRAF, JAMISON	
STREET ADDRESS	3905 MARINER'S WALK, #821	
CITY-ST-ZIP	CORTEZ FL 34215	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MC CULLOUGH, HEATHER	
STREET ADDRESS	710 S. ARMADA ROAD	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	TR	<input type="checkbox"/> Delete
NAME	HOUGH, GRADY	
STREET ADDRESS	1250 NEW FOREST CIRCLE	
CITY-ST-ZIP	NOKOMIS FL 34275	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Walter J. Yovaish* **Walter J. Yovaish, President**

4/14/03

CR2E037 (10/02)

11005319



☐ CHECK HERE IF MAKING CHANGES