

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702673

1. Entity Name

VENICE ASSEMBLY OF GOD INCORPORATED

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90092 029 ****61.25

Principal Place of Business

Mailing Address

695 CENTER ROAD
VENICE FL 34292
US

695 CENTER ROAD
VENICE FLA 34292-3806
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2400467

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

GRAY, GARY A
389 GULF BREEZE BLVD
WILLOW RUN
VENICE FL 34293

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

Gary A. Gray
Signature, typed or printed name of registered agent and title (if applicable).

Gary A. Gray

4/19/2000
DATE

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	P GRAY, GARY A 289 GULF BREEZE BLVD VENICE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FORMAN, KENNETH C 3189 BRIGHT ST NORTH FORT FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TOBIAS, ADAM P. 2439 LOGAN RD VENICE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STUART, HERELD 431 LANSEBBE CT NORTH FORT FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KERN, JEFF 2160 W DOLPHIN DR ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAIN, DENIS 871 MOHAWK RD VENICE FL 34293	<input type="checkbox"/> Delete

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Gilbert Cuadro 3450 Orange Rd. Venice, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Walter Mauck 508 S. Neponsit Dr. Venice, FL 34293
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:

Gilbert Cuadro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2000
Date

941-497-5683
Daytime Phone #

CR2E037 (9/99)