2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90051 025 ****61.25

DOCUMENT # 702986

1. Entity Name

VENICE BEACH APARTMENTS ONE INC

Principal Place of Business	Mailing Address
100 THE ESPLANADE NORTH VENICE FL 34285	100 THE ESPLANADE NORTH VENICE FL 34285-1521

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0968751 ☐ Applied For ☐ Not Applicable

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
MOORE, ROBERT L 227 S NOKOMIS AVE VENICE FL 34285	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OVERMAN, BETTY 100 THE ESPLANADE NORTH APT #13 VENICE FL 34285	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PATRICIA JACKSON 100 The ESPLANADE #11 VENICE, FL. 34285	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MAHONEY, HENRY 100 THE ESPLANADE NORTH APT #2 VENICE FL 34285	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. BILL EMERSON 100 the ESPLANADE # 16 VENICE FL 34285	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD EMERSON, BILL 100 THE ESPLANADE NORTH APT #16 VENICE FL 34285	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECY/TREAS. FRED MADIGAN 100 THE ESPLANADE #11 VENICE FL. 34285	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREIERT, GERTRUDE 100 THE ESPLANADE NORTH APT #16 VENICE FL 34285	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR AL SCHMOTZER 10326 HOLLY SPRINGS HOUSTON TX. 77042	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STINSON, SHIRLEY 100 THE ESPLANADE NORTH APT #15 VENICE FL 34285	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR CASPAR RACH 10590 SPILLWAY VIEW DR DEERFIELD, OH 44411	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED FRED MADIGAN 3/25/2000 941-488-3174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #