FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # 705336** 1. Entity Name THE VENICE ENDOWMENT, INC. 04-03-2001 90067 033 ****61.25 Principal Place of Business Mailing Address 601 SOUTH TAMIAMI TRAIL 601 SOUTH TAMIAMI TRAIL SHITE-B VENICE FL 34285 VENICE FL 34285 US US 2. Principal Place of Business 3. Mailing Address 601 South Tamiami Trai 601 South Tamlami Trai Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For F(59-0668991 たし Ven<u>ice</u> venice Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box A*R*U Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PREIKSAT, JON THE VENICE ENDOWMENT INC 601 SOUTH TAMIAMI TRAIL-SUITE B Zio Code City **VENICE FL 34285** 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. GT☐ Change **X** Addition CR2E037 (10/00 TITLE ☐ Delete TITLE Mason, Pete BEEBE, RICHARD M D NAME NAME 699 S. Indiana Ave. STREET ADDRESS **420 BAYSHORE DRIVE** STREET ADDRESS CiTY-ST-ZIP VENICE FL 34285 CITY-ST-ZIP Englewood, ☐ Delete TITLE Change ☐ Addition TITLE MELLOR, CORD ESQ NAME NAME STREET ADDRESS STREET ADDRESS 138010 TAMIAMI TR. CITY-ST-ZIP CITY-ST-ZIP NORTH PORT FL 34287 ☐ Addition ☐ Delete TITLE 🔀 (ihange SLATTERY, Thomas SLATTERY, THOMAS_ NAME 460 Anchorage Dr. STREET ADDRESS STREET ADDRESS 460 ANCHORAGE DRIVE Nokomis, FL 34285 CITY-ST-ZIP CITY-ST-ZIP NOKOMIS FL 34285 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME PREIKSAT, JON NAME STREET ADDRESS 601 SOUTH TAMIAMI TRAIL, SUITE B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34285 TITLE Delete TITLE ☐ Change Addition Matt De Palma NAME PICAZIO, STEPHEN J NAME 9220 San Bernandino Ave STREET ADDRESS STREET ADDRESS 120 BAYVIEW DR. CITY-ST-ZIP CITY-ST-ZIP Enalewood, FL 34224 NOKOMIS FL 34275 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 taske empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attach ment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/24/0/ 94/- 486- 1/6/00 Date Daytime Phone if