2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State
02-04-2000 90002 050 ****61.25

DOCUMENT # 707345

1. Entity Name

THE VENICE FOUNDATION, INC.

Principal Place of Business	Mailing Address
601 SOUTH TAMIAMI TRAIL SUITE B VENICE FL 34285 US	601 SOUTH TAMIAMI TRAIL SUITE B VENICE FL 34285-3237 US

A0016201

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 59-1052433 ☐ 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
PREIKSAT, JON THE VENICE FOUNDATION INC 601 SOUTH TAMIAMI TRAIL, SUITE B 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	D BOONE, STEPHEN K ESQ 1001 AVENIDA DEL CIRCO VENICE FL 34285	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Cord Mellor 13801-D Tamiami Trail North Port, FL 34287	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PREIKSAT, JON 601 SOUTH TAMIAMI TRAIL, SUITE B VENICE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLINS, JUDY 461 BAYSHORE DR VENICE FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/O	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SLATTERY, THOMAS 460 ANCHORAGE DR NOKOMIS FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BEEBE, RICHARD 420 BAYSHORE DRIVE VENICE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/O Jamie Killorin 1521 S Tamiami Trail, Suite 303 Venice, FL 34292	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHULTEN, MAURICE M D 436 S. NOKOMIS AVENUE VENICE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S	☒ 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: Jon Preiksat CERTIFIED JON PREIKSAT, CEO 1/21/00 941-486-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #