

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90086 037 ****61.25

DOCUMENT # 725366

1. Entity Name

VENICE AREA AUDUBON SOCIETY, INC.

Principal Place of Business

Mailing Address

3849 WOODMERE PK BLVD.

3849 WOODMERE PK BLVD.

4

4

VENICE FL 34293

VENICE FL 34293

US

US

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

23-7450895

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DUNCAN, ROBERT T.

3849 WOODMERE PARK BLVD

4

VENICE FL 34293

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

D

BJORK, NORRIS

STREET ADDRESS

504 BUENA VISTA DR.

CITY-ST-ZIP

NOKOMIS FL 34275

☒ Delete

TITLE
NAME

P

SAMPLE, CHARLES

STREET ADDRESS

661 CROSS FIELD CIRCLE

CITY-ST-ZIP

VENICE FL 34293

☐ Delete

TITLE
NAME

D

COURTER, PHYLLIS

STREET ADDRESS

221 WEST FIRENZE AVE

CITY-ST-ZIP

VENICE FL 34285

☐ Delete

TITLE
NAME

V

PLASKETT, TOM S

STREET ADDRESS

308 BERMUDA CT

CITY-ST-ZIP

VENICE FL 34293

☐ Delete

TITLE
NAME

T

DUNCAN, ROBERT T

STREET ADDRESS

3849 WOODMERE PK BL # 4

CITY-ST-ZIP

VENICE FL 34293

☐ Delete

TITLE
NAME

D

STOVER, GENE

STREET ADDRESS

1015 LAUREL AVE

CITY-ST-ZIP

VENICE FL 34292

☒ Delete

TITLE
NAME

D

John Meneilley

STREET ADDRESS

5869 Vensora Rd

CITY-ST-ZIP

VENICE FL 34293

☐ Change

☒ Addition

TITLE
NAME

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NAME

S

CINDY Julius

STREET ADDRESS

400 Dorchester Dr

CITY-ST-ZIP

VENICE FL 34293

☐ Change

☒ 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:

Robert T. Duncan **Robert T. Duncan**

Date

1-15-02

Daytime Phone #

(441) 496 8191

CR2E037 (9/01)