2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State
01-06-2003 90016 037 ****61.25

DOCUMENT # 725366

1. Entity Name
VENICE AREA AUDUBON SOCIETY, INC.

Principal Place of Business	Mailing Address
3849 WOODMERE PK BLVD. # 4 VENICE FL 34293 US	3849 WOODMERE PK BLVD. # 4 VENICE FL 34293 US

[redacted]

☒ CHECK HERE IF MAKING CHANGES

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
DUNCAN, ROBERT T. 3849 WOODMERE PARK BLVD # 4 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert T. DUNCAN, TREASURER — Jan 3 2003
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCNEILLEY, JOHN 5869 VENSOTA RD VENICE FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MENEILLEY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SAMPLE, CHARLES 661 CROSS FIELD CIRCLE VENICE FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COURTER, PHYLLIS 221 WEST FIRENZE AVE VENICE FL 34285	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~2nd VP~~ D ~~KEN READY~~ TRIG LUCKEN ~~501 PURSTANE PT~~ 128 SANDSTONE CIR ~~VENICE FL 34293~~ VENICE FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PLASKETT, TOM S 308 BERMUDA CT VENICE FL 34293	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1ST VP KARI Wettlaufer 3268 Meadow Run DR Venice FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DUNCAN, ROBERT T 3849 WOODMERE PK BL # 4 VENICE FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JULIUS, CINDY 400 DORCHESTER VENICE FL 34293	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ED SKOOG 138 INLET BLVD NOKOMIS FL 34275	☐ Change ☒ Addition

CR2E037 (10/02)

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: [illegible] SIGNATURE REQUIRED — ROBERT T. DUNCAN TRES — 1/3/03 — 941 496 8191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #