

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90230 047 ****70.00

DOCUMENT # 729411

1. Entity Name

VENETIAN COVE CLUB, INC.

Principal Place of Business

Mailing Address

**3500 GULF SHORE BLVD., N.
 NAPLES FL 33940**

**3500 GULF SHORE BLVD., N.
 NAPLES FL 34103-3605**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1673835

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**POLLARD, FRANK
 3500 GULF SHORE BLVD NORTH
 NAPLES FL 33940**

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	P	<input checked="" type="checkbox"/> Delete
NAME	JOHNSONTON, MARJORIE	
STREET ADDRESS	3500 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL	
TITLE	XX	<input type="checkbox"/> Delete
NAME	WEST, CHARLES	
STREET ADDRESS	3500 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STERN, ROBERT	
STREET ADDRESS	3500 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL	
TITLE	XX	<input type="checkbox"/> Delete
NAME	FERGUSEN, JAMES	
STREET ADDRESS	3500 GULF SHORE BLVD., N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BILLMAN, EDWARD	
STREET ADDRESS	3500 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL	
TITLE	XX	<input type="checkbox"/> Delete
NAME	CARR, PETER	
STREET ADDRESS	3500 GULF SHORE BLVD N.	
CITY-ST-ZIP	NAPLES FL	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REHRING, WILLIAM	
STREET ADDRESS	3500 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 **CHARLES W. WEST**

2/25/00

941-262-2336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)