## 2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 734052**

Suite, Apt. #, etc.

VENICE-NOKOMIS WOMAN'S CLUB, INC.

| Principal Place of Business                  | Mailing Address                        |  |
|--|--|--|
| 200 N. HARBOR DRIVE<br>VENICE FL 34285<br>US | P. O. BOX 416<br>VENICE FL 34284<br>US |  |
| 2. Principal Place of Business               | 3. Mailing Address                     |  |

Suite, Apt. #, etc.

## FILED Apr 17, 2001 8:00 am Secretary of State

04-17-2001 90080 046 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

| Oily & State   | ,                |  | City & State                    |   | 4. FEI NUMOR                                | <sup>3</sup> 59-6145631                | ——— <u>———</u> | ot Applicable     |  |
|--|------------------|--|---------------------------------|---|---|--|----------------|-------------------|--|
| Zip  |                  | Country                                | Zip                             | Country   | 5. Certificate of Status Desired            |  |                | ditional          |  |
| 6. Name and Address of Current Registered Agent                                |                  |  |                                 | ' <u> </u>  | 7. Name and Address of New Registered Agent |  |                |                   |  |
|  |                  |  | · · ·                           | Name  |   |  |                |                   |  |
| ISPHORDING, R.O.<br>333 S. Tamiami Trail                                       |                  |  | Street                          | Street Address (P.O. Box Number is Not Acceptable)      |   |  |                |                   |  |
| STE 199<br>VENICE FL 34285   |                  |  |                                 | City  |   | F                                      | Zip Cod        | e                 |  |
| 8. The above   | named entity     | y submits this statement for           | the purpose of changing its     | registered office                                       | or registered agent, or bot                 | h, in the state of Florida.            |                |                   |  |
|  |                  |  |                                 |   |   | • ,                                    |                |                   |  |
|  |                  |  |                                 |   |   |  |                |                   |  |
| SIGNATURE _  | Clanatura typed  | or printed name of registered agent an | (NOTE                           | - Registered Agent signs                                | ature required when reinstating)            | DAT                                    | F              |                   |  |
| ··   | Signature, typeu | or prefer marke or registered agent an | o und il appricabio.            |   | atora regardo anos romatating)              |  |                |                   |  |
| FILE NOW: 9. Election Campaign Financ FEE IS \$61.25  Trust Fund Contribution. |                  |  | · ·                             | \$5.00 May Be Make Check Payable to Department of State |   |  |                |                   |  |
| 10,  |                  | OFFICERS AND DIRE                      | CTORS                           | 11.   | ADDITIONS/CH                                | ANGES TO OFFICERS AND                  | DIRECTORS IN   | 10                |  |
| TITLE  | PD               | ON TIGETION AND BUTTE                  | □ Delete                        | TITLE   | PD  | ###################################### | X Change       | Addition          |  |
| NAME   | CARLSON          | I. VIRGINA                             | riff perce                      | NAME  | O'GORMAN, P                                 | <b>ΔΤΩΤΩ</b>                           | ELI Shangs     |                   |  |
| STREET ADDRESS   |                  | BAY CIRCLE                             |                                 | STREET ADDRESS  | 564 NEPONS                                  |  |                |                   |  |
| CITY-ST-ZIP  | VENICE F         |  |                                 | CITY-ST-ZIP   | VENICE, FL.                                 |  |                |                   |  |
| TITLE  | VPD              |  | ☐ Delete                        | TITLE   | VPD   | <u> </u>                               | XI Change      | ☐ Addition        |  |
| NAME   |                  | IN, PATRICIA                           | r <b>W</b> Desets               | NAME  | HAHN, DAISY                                 | MAY                                    | EE Orkingo     | Addition          |  |
| STREET ADDRESS   | 564 NEPC         |  |                                 | STREET ADDRESS  | 1236 GRENA                                  |  |                |                   |  |
| -CITY"ST"ZIP   | VENICE'F         |  | a camer and a                   | - CITY-ST-ZIP   | VENICE; FL. 34292                           |  |                |                   |  |
| TITLE  | VPD              |  | ☐ Delete                        | TITLE   | VPD   |  | ₹ Change       | Addition          |  |
|  | GOWAN,           | TRUDY                                  | LA Delete                       | NAME  | RHODES, GAI                                 | L                                      | ES Ollengo     | ☐ Addition        |  |
| STREET ADDRESS   |                  | BROOK CRESTCENT                        |                                 | STREET ADDRESS  | 165 COWRY                                   |  |                |                   |  |
| CITY-ST-ZIP  | VENICE F         |  |                                 | CITY-ST-ZIP   | VENICE, FL.                                 |  |                |                   |  |
| TITLE  | SD               | L VILUE                                | □ Delete                        | TITLE   | SD SD                                       | 34233                                  | (X) Change     | Addition          |  |
| NAME   | DURRER,          | AYI FEN                                | L <b>∡</b> Delete               | NAME  | PERTA, DORO                                 | vur                                    | Zi Grigingo    | C_3 radiation     |  |
| STREET ADDRESS   |                  | THLAND RD                              |                                 | STREET ADDRESS  | 609 BARCEL                                  |  |                |                   |  |
| CITY-ST-ZIP  | VENICE F         |  |                                 | CITY-ST-ZIP   |   |  |                |                   |  |
|  | TD               | L OTEGO                                |                                 | TITLE   | VENICE, FL.                                 | 34203                                  | [X] Change     | Addition          |  |
| TITLE<br>NAME  | WOLF, VE         | RΔ                                     | Delete                          | NAME  | TD McMILLIN, B                              | T. VPPS                                | DE CHANGE      | L Audition        |  |
|  |                  | FRY DRIVE                              |                                 | STREET ADDRESS  | 807 SUN CR                                  |  |                |                   |  |
| CITY-ST-ZIP  | VENICE F         |  |                                 | CITY-ST-ZIP   | NOKOMIS, FL                                 |  |                |                   |  |
|  | ATD              | <u> </u>                               |                                 | <del></del>   | <del></del>                                 | 1.34613                                | T\$ 05         | [] Adde-          |  |
| TITLE<br>NAME  | MCMILLIN         | RETTY                                  | Delete                          | TITLE<br>NAME   | ATD   | DIEGI                                  | 🔀 Change       | Addition Addition |  |
|  |                  | CREST DRIVE                            |                                 | STREET ADDRESS  | PAUL-BIGGS                                  |  |                |                   |  |
|  | NOKOMIS          |  |                                 | CITY-ST-ZIP   | 720 SURGAR                                  |  |                |                   |  |
|  |                  |  | nis filing does not qualify for |   | VENICE, FL.                                 |  |                |                   |  |

indicated on this report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(t), 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:

CBettynd: McMi Pringurasurer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/01 941/488-2918

Daytime Phone #