

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91322 034 ****61.25

DOCUMENT # 742615

1. Entity Name

BAY INDIES-VENICE CHAPTER #3057 OF AMERICAN ASSO

Principal Place of Business

**BAY INDIES
 950 RIDGEWOOD
 VENICE FL 34292
 US**

Mailing Address

**1168 KINSTON WAY
 VENICE FL 34292
 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

95-3221692

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

~~**DARRINGTON, ED
 940 BONAIRE
 VENICE FL 34292**~~

Name **BARBARA J. COOPER**

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

1168 KINGSTON WAY

City **VENICE**

FL

Zip Code **34292**

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 **BARBARA J. COOPER**

Signature, typed or printed name of registered agent and title if applicable.

Barbara J. Cooper

(NOTE: Registered Agent signature required when reinstating)

4/30/2001

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 **PD** ☐ Delete
 NAME **COOPER, BARBARA**
 STREET ADDRESS **1168 KINGSTON WAY**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **DARRINGTON, ED**
 STREET ADDRESS **940 BONAIRE AVE.**
 CITY-ST-ZIP **VENICE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **ANDERSON, WARREN**
 STREET ADDRESS **435 ZACAPA**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **HAARAOJA, MARY**
 STREET ADDRESS **457 ZACAPA**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE **TREASURER** ☒ Change ☐ Addition
 NAME **HARRINGTON, RUGER**
 STREET ADDRESS **966 INAGUA**
 CITY-ST-ZIP **VENICE, FLORIDA 34292**

TITLE **SD** ☐ Delete
 NAME **BONNINGTON, EVELYN J**
 STREET ADDRESS **877 EXUMA**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Barbara J. Cooper* **BARBARA J. COOPER** **4/30/2001** **941-484-8506**

CR2E037 (10/00)