

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**  
 02-26-2000 90033 030 \*\*\*\*70.00

**DOCUMENT # 742826**

1. Entity Name

**ST. VINCENT DE PAUL SOCIETY OF VENICE, INC.**

Principal Place of Business

**240 TAMIAMI TRAIL  
 VENICE FL 34285  
 US**

Mailing Address

**240 TAMIAMI TR S  
 VENICE FL 34285-2419  
 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

**59-1905861**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BREENE, THEODORE J.  
 1030 VENICE BYPASS S.  
 VENICE FL 33595**

7. Name and Address of New Registered Agent

Name

**F. RICHARD WALTER**

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

**85 INLETS BLVD**

City

**NOKOMIS**

FL

Zip Code

**34274**

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

*F. Richard Walter*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/17/00**

**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

TITLE **PD** ☐ Delete  
 NAME **BREENE, HELEN**  
 STREET ADDRESS **515 DERVOMA M**  
 CITY-ST-ZIP **VENICE FL 34292**

TITLE **VD** ☐ Delete  
 NAME **BREENE, THEODORE J**  
 STREET ADDRESS **515 CERVINA N**  
 CITY-ST-ZIP **VENICE FL 34292**

TITLE **TD** ☒ Delete  
 NAME **LEMMER, PHYLLIS**  
 STREET ADDRESS **863 KIMBALL RD**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **SD** ☒ Delete  
 NAME **BIASE, PHYLLIS**  
 STREET ADDRESS **200 ESPLANADE**  
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **T** ☒ Delete  
 NAME **COLEMAN, CHARLES**  
 STREET ADDRESS **709 TRENTO ST**  
 CITY-ST-ZIP **VENICE FL 34292**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
 NAME **BREENE, HELEN**  
 STREET ADDRESS **515 CERVINA N**  
 CITY-ST-ZIP **VENICE FL 34292**

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

TITLE **TD** ☐ Change ☒ Addition  
 NAME **F. RICHARD WALTER**  
 STREET ADDRESS **85 INLETS BLVD**  
 CITY-ST-ZIP **NOKOMIS FL 34274**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **JANET M WALTER**  
 STREET ADDRESS **85 INLETS BLVD**  
 CITY-ST-ZIP **NOKOMIS FL 34274**

TITLE ☐ Change ☐ Addition  
 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:

*F. Richard Walter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/17/00**

Date

**787-6524**

Daytime Phone #

CR2E037 (9/99)