

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

007365

DOCUMENT # 742826

1. Entity Name

ST. VINCENT DE PAUL SOCIETY OF VENICE, INC.

05-03-2001 90929 012 ****70.00

Principal Place of Business

242 TAMIAAMI TRAIL
VENICE FL 34285
US

Mailing Address

242 TAMIAAMI TR S
VENICE FL 34285
US

758177

2. Principal Place of Business

3. Mailing Address

242 TAMIAAMI TR.

242 TAMIAAMI TR. S

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VENICE, FL

City & State

VENICE, FL

4. FEI Number

59-1905861

Applied For

Not Applicable

Zip

34285

Country

SARASOTA

Zip

34285

Country

SARASOTA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~**WALTER, RICHARD F**~~
~~**85 INLETS BLVD**~~
~~**NOKOMIS FL 37277**~~

7. Name and Address of New Registered Agent

Name **EVELYN V. MARINO**

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

1485 QUAIL LAKE DRIVE

City **VENICE**

FL

Zip Code

34293

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 **EVELYN V. MARINO PRES.**

Evelyn V. Marino

April 27, 2001

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

TITLE **RD** ☒ Delete
 NAME **BRENE, HELEN**
 STREET ADDRESS **515 CERVINA N**
 CITY-ST-ZIP **VENICE FL 34292**

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

TITLE **TD** ☒ Delete
 NAME **WALTER, RICHARD F**
 STREET ADDRESS **85 INLETS BLVD**
 CITY-ST-ZIP **NOKOMIS FL 34274**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT D.** ☒ Change ☐ Addition
 NAME **EVELYN V. MARINO**
 STREET ADDRESS **1485 QUAIL LAKE DR.**
 CITY-ST-ZIP **VENICE, FL, 34293**

TITLE **VICE PRES. D.** ☒ Change ☐ Addition
 NAME **PAUL T. MARINO**
 STREET ADDRESS **1485 QUAIL LAKE DR.**
 CITY-ST-ZIP **VENICE, FL, 34293**

TITLE **SECRETARY D.** ☒ Change ☐ Addition
 NAME **PHYLISS J. LINCK**
 STREET ADDRESS **1666 WAXWING CT.**
 CITY-ST-ZIP **VENICE, FL, 34293**

TITLE **TREASURER D.** ☒ Change ☐ Addition
 NAME **JOHN C. LINCK**
 STREET ADDRESS **1666 WAXWING CT.**
 CITY-ST-ZIP **VENICE, FL, 34293**

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:

Evelyn V. Marino
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2001
 Date

941-484-4117
 Daytime Phone #

CR2E037 (10/00)