

**DOCUMENT # 744767**

1. Entity Name

**VOITURE LOCAL 797 SARASOTA COUNTY, INC.****FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90071 025 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
159 AMERICAN LEGION WAY P.O. BOX 1631 VENICE FL 34284-8631		159 AMERICAN LEGION WAY P.O. BOX 1631 VENICE FL 34284-1631	
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	59-6151284	Applied For
		<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**MARLATT, EDWARD J.**  
**6926 ROSLYN COURT**  
**NORTHPORT FL 34287**

## 7. Name and Address of New Registered Agent

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

TITLE	V	<input type="checkbox"/> Delete
NAME	RALPH BREEDEN	
STREET ADDRESS	217 HIGH POINT DR	
CITY-ST-ZIP	VENICE FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	METLER, FRED B	
STREET ADDRESS	2992 SUNSET BCH DR	
CITY-ST-ZIP	VENICE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KEY, RICHARD	
STREET ADDRESS	1000 GONDOLA DRIVE N	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEWER, JOHN	
STREET ADDRESS	517 NEPONSIT DR S	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOUGLASS, GARY	
STREET ADDRESS	531 SHERIDAN DRIVE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOARDMAN, EDGAR	
STREET ADDRESS	364 MONET PLACE	
CITY-ST-ZIP	NOKOMIS FL 34275	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLASS, GARY	
STREET ADDRESS	531 SHERIDAN DR	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METLER, FRED B.	
STREET ADDRESS	2992 SUNSET BCH DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input 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: Edgar S. Boardman **EDGAR S. BOARDMAN** 1-13-2000 941-966-4279  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)