

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90117 023 \*\*\*\*61.25

**DOCUMENT # 744767**

1. Entity Name

**VOITURE LOCAL 797 SARASOTA COUNTY, INC.**

Principal Place of Business

**159 AMERICAN LEGION WAY  
P.O. BOX 1631  
VENICE FL 34284-8631**

Mailing Address

**159 AMERICAN LEGION WAY  
P.O. BOX 1631  
VENICE FL 34284-8631**

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

**NOT APPLICABLE**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **RALPH BREEDEN**  
CITY-ST-ZIP **217 HIGH POINT DR  
VENICE FL**

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

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **METLER, FRED B**  
CITY-ST-ZIP **2992 SUNSET BCH DR  
VENICE FL**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **HOUTZEL, WILLIAM**  
CITY-ST-ZIP **569 BAIARWOOD RD  
VENICE FL 34293**

TITLE ☒ Delete  
NAME **S**  
STREET ADDRESS **KEY, RICHARD**  
CITY-ST-ZIP **1000 GONDOLA DRIVE N  
VENICE FL 34293**

TITLE ☒ Change ☐ Addition  
NAME **S**  
STREET ADDRESS **HOWELL, JOSEPH**  
CITY-ST-ZIP **9009 HAZARD LN  
VENICE 34293**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **KEWER, JOHN**  
CITY-ST-ZIP **517 NEPONSIT DR S  
VENICE FL 34293**

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

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **DOUGLASS, GABY**  
CITY-ST-ZIP **531 SHERIDAN DRIVE  
VENICE FL 34292**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **BOARDMAN, EDGAR**  
CITY-ST-ZIP **364 MONET PLACE  
NOKOMIS FL 34275**

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: **EDGAR BOARDMAN**

**1-17-2001**

**941-966-4299**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)