

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90146 016 ****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 **V** ☐ Delete
NAME **RALPH BREEDEN**
STREET ADDRESS **217 HIGH POINT DR**
CITY-ST-ZIP **VENICE FL**

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

TITLE **D** ☐ Delete
NAME **HOUTZER, WILLIAM**
STREET ADDRESS **569 BRIARWOOD RD**
CITY-ST-ZIP **VENICE FL 34293**

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

TITLE **S** ☒ Delete
NAME **HOWELL, JOSEPH**
STREET ADDRESS **9009 HIROLD LN**
CITY-ST-ZIP **VENICE FL 34283**

TITLE **S** ☐ Change ☐ Addition
NAME **BAHRING, TOM**
STREET ADDRESS **901 SOUTH GON DOLA**
CITY-ST-ZIP **VENICE FL 34293**

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

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

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

TITLE **P** ☐ Change ☐ Addition
NAME **WASHBURN, PAUL C**
STREET ADDRESS **407 BELLINI CIR**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **T** ☐ Delete
NAME **BOARDMAN, EDGAR**
STREET ADDRESS **364 MONET PLACE**
CITY-ST-ZIP **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** **RECEIVED** **BOARD MAN**

JAN 16, 2002

941-966-4279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)