

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90095 033 ****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



☒ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name **Ed KALCHBRENNER**

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

1322 E. CYPRESS AVE

City **VENICE**

FL

Zip Code

34292-2905

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Ed Kalchbrenner**

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

(NOTE: Registered Agent signature required when reinstating)

Jan 31 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RALPH BREEDEN	
STREET ADDRESS	217 HIGH POINT DR	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOUTZER, WILLIAM	
STREET ADDRESS	569 BRIARWOOD RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BAMRING, TOM	
STREET ADDRESS	901 SOUTH GON DOLA	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEWER, JOHN	
STREET ADDRESS	517 NEPONSIT DR S	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WASHBURN, PAUL C	
STREET ADDRESS	407 BELLINI CIR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BOARDMAN, EDGAR	
STREET ADDRESS	364 MONET PLACE	
CITY-ST-ZIP	NOKOMIS FL 34275	

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE MAGEE	
STREET ADDRESS	277 PARROTT	
CITY-ST-ZIP	NORTH PORT, FL 34286	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB WILDER	
STREET ADDRESS	1030 ALBEE FARM RD #417	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED KALCHBRENNER	
STREET ADDRESS	1322 E. CYPRESS AVE.	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL WASHBURN	
STREET ADDRESS	407 BELLINI CIR	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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.

1-31-03

SIGNATURE: **Ed Kalchbrenner** **REQUIRED** **KALCHBRENNER** **941-485-8589**