

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769419

1. Entity Name

SENIORS WITHOUT PARTNERS OF VENICE, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90025 043 \*\*\*\*61.25

Principal Place of Business P.O. BOX 2185 VENICE FL 34284	Mailing Address P.O. BOX 2185 VENICE FL 34284-2185
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input 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  WRIGHT, EDNA M. 519 ALBEE FARM ROAD, #209 VENICE FL 34292	7. Name and Address of New Registered Agent Name <u>VINNIE Di GIUSEPPE</u> Street Address (P.O. Box Number is Not Acceptable) <u>801 WATERSIDE DR #204</u> City <u>VENICE</u> FL Zip Code <u>34292</u>
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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 VINNIE Di GIUSEPPE Vinnie Di Giuseppe 2-14-00  
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																																				
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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: Vinnie Di Giuseppe 2-14-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)