

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90303 012 ****61.25

DOCUMENT # 769419

1. Entity Name

SENIORS WITHOUT PARTNERS OF VENICE, INC.

Principal Place of Business

P.O. BOX 2185
 VENICE FL 34284

Mailing Address

P.O. BOX 2185
 VENICE FL 34284

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

di GUISEPPI, VINNIE D
801 WATERSIDE DR
#204
VENICE FL 34292

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 **P** ☒ Delete
 NAME **JANDA, EILEEN**
 STREET ADDRESS **755 SPRUCE ST**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **MARIE NUZZO** ☒ Change ☐ Addition
 NAME **831 WATERSIDE DR. #202**
 STREET ADDRESS **VENICE, FL. 34292**
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **FULGHAM, WILEY R.**
 STREET ADDRESS **420 ARMADA ROAD, S**
 CITY-ST-ZIP **VENICE FL**

TITLE **GRACE KLEIN** ☒ Change ☐ Addition
 NAME **170 JASMINE RD.**
 STREET ADDRESS **VENICE, FL. 34293**
 CITY-ST-ZIP

TITLE **S** ☒ Delete
 NAME **DIGUISEPPI, VINNIE D**
 STREET ADDRESS **801 WATERSIDE DR #204**
 CITY-ST-ZIP **VENICE FL**

TITLE **EDNA M WRIGHT** ☒ Change ☐ Addition
 NAME **519 ALBEE FARM Rd. #209**
 STREET ADDRESS **VENICE FL.**
 CITY-ST-ZIP

TITLE **T** ☒ Delete
 NAME **BARR, LOIS J**
 STREET ADDRESS **1303 MANGO AVE**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE **VINNIE DiGUISEPPI** ☒ Change ☐ Addition
 NAME **801 WATERSIDE DR. #204**
 STREET ADDRESS **VENICE, FL. 34292**
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **NUZZO, MARIE**
 STREET ADDRESS **831 WATERSIDE DR #202**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE **MARY R. SMITH** ☒ Change ☐ Addition
 NAME **232 ST. AUGUSTINE APT. 505-E**
 STREET ADDRESS **VENICE, FL. 34285**
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **COLLIER, JOHN**
 STREET ADDRESS **363 GULF BREEZE BLVD**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **JOHN JUSTICE** ☒ Change ☐ Addition
 NAME **518 WEXFORD DR.**
 STREET ADDRESS **VENICE, FL. 34293**
 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:

Vinnie DiGiuseppe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/01

CR2E037 (10/00)