

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90052 049 ****61.25

DOCUMENT # 769419

1. Entity Name

SENIORS WITHOUT PARTNERS OF VENICE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2185
VENICE FL 34284

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

GUISEPPI, VINNIE
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

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | NUZZO, MARIE | |
| STREET ADDRESS | 831 WATERSIDE DR #202 | |
| CITY-ST-ZIP | VENICE FL 34292 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KLEIN, GRACE | |
| STREET ADDRESS | 170 JASMINE RD | |
| CITY-ST-ZIP | VENICE FL 34293 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | WRIGHT, EDNA M | |
| STREET ADDRESS | 519 ALBEE FARM RD #209 | |
| CITY-ST-ZIP | VENICE FL 34292 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | DIGUISEPPI, VINNIE | |
| STREET ADDRESS | 801 WATERSIDE DR | |
| CITY-ST-ZIP | VENICE FL 34292 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | SMITH, MARY R | |
| STREET ADDRESS | 232 ST AUGUSTINE APT 505-E | |
| CITY-ST-ZIP | VENICE FL 34285 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JUSTICE, JOHN | |
| STREET ADDRESS | 518 WEXFORD DR | |
| CITY-ST-ZIP | VENICE FL 34293 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Vinnie Diguiseppe (true)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02
Date

Daytime Phone #

CR2E037 (9/01)