2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # H94998** 1. Entity Name VENTURE ASSOCIATES CORPORATION 04-02-2001 90085 016 ***150.00 Principal Place of Business Mailing Address 2661 N.W. 60TH AVENUE 2661 N.W. 60TH AVENUE OCALA FL 34482 OCALA FL 34482 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2632697 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HART & GRAY Street Address (P.O. Box Number is Not Acceptable) 125 N.E. FIRST AVENUE, STE. 1 **OCALA FL 34471** Zip Code City FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CHAIRMAN, DIRECTOR, ASST. SECRETARY, TREASURER: **PDST** TITLE TITLE ☐ Delete PEARSALL, RICHARD'L. 5000 N US HIGHWAY 27 PEARSALL, RICHARD L. NAME NAME STREET ADDRESS STREET ADDRESS 5000 N US HWY 27 OCALA FL 34482 CITY-ST-ZIP CITY-ST-ZIP OCALA FL 00000 VICE PRESIDENT, DIRECTOR, SECRETARY ☐ Delete ☐ Change ☐ Addition TITLE TITLE ECKMAN, KENNETH A. 5000 N US HIGHWAY 27 NAME NAME ECKMAN, KENNETH A. STREET ADDRESS STREET ADDRESS 5000 N US HWY 27 CITY-ST-ZIP OCALA FL 34482 CITY-ST-ZIP OCALA FL 00000 PRESIDENT -Delete TITLE: EVD TITLE - 🔲 Change ☐ Addition TAIT, ARTHUR F., JR. TAIT, ARTHUR F., JR. NAME NAME |5000´N US HIGHWÁY 27 STREET ADDRESS STREET ADDRESS 5000 N US HWY 27 CITY-ST-ZIP CITY-ST-ZIP OCALA . FL 34482 OCALA FL 00000 TITLE ☐ Delete TITLE ☐ Change ☐ Addition DIRECTOR NAME NAME eckman, peter H. 5000 N´US HÌGHWÀY 27 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP OCALA FL 34482 ☐ Addition TITI F ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an ardress, with air other like imported.

ARTHUR F. TAIT, JR. - PRESIDENT

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

3/30/01

(352) 732-5450

Daytime Phone #