

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90209 036 ***150.00

0515296 AV

DOCUMENT # L90081

1. Entity Name

VENGROFF, WILLIAMS & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**3808 N TAMIAMI TR
 SARASOTA FL 34234**

**P O BOX 4155
 SARASOTA FL 34230
 US**

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

58-1963137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VENGROFF, HARVEY
 3501 BAYOU CIRCLE
 LONGBOAT KEY FL 34228**

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

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Delete
 NAME **VENGROFF, HARVEY**
 STREET ADDRESS **3501 BAYOU SOUND**
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **COB** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **VENGROFF, JOEL**
 STREET ADDRESS **1 BANKSIDE DR**
 CITY-ST-ZIP **CENTERPORT NY 11721**

TITLE **Vice President** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **VENGROFF, MARK**
 STREET ADDRESS **1 CAVALIERI DRIVE**
 CITY-ST-ZIP **HUNTINGTON BEACH CA 92646**

TITLE **President** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PDCF** ☐ Delete
 NAME **WILLIAMS, ROBERT**
 STREET ADDRESS **2601 BERN CREEK LOOP**
 CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **CEO - CFO** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **VENGROFF, KRISTY**
 STREET ADDRESS **285 WOODBINE AVE**
 CITY-ST-ZIP **NORTHPORT NY 11768**

TITLE **Secretary** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, when other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/01)