

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90060 039 ****61.25

DOCUMENT # N00000000227

1. Entity Name

ST. MARK'S HOUSING OF VENICE, INC.



Principal Place of Business

**1000 PINEBROOK RD.
VENICE FL 34292**

Mailing Address

**1000 PINEBROOK RD.
VENICE FL 34292**

2. Principal Place of Business

1030 Albee Farm Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Venice FL

City & State

Venice FL

4. FEI Number **65-0973313**

Applied For

Not Applicable

Zip

34292

Country

SARASOTA

Zip

34292

Country

SARASOTA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DIVITO, JOSEPH A ESQ.

**%DIVITO & HIGHAM, P.A., 4514 CENTRAL AVE.
ST. PETERSBURG FL 33711**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAROSELLA, JEROME A	
STREET ADDRESS	P.O. BOX 2006	
CITY-ST-ZIP	VENICE FL 34284-2006	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANNON, ROBERT	
STREET ADDRESS	310 SARASOTA ST.	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAUER, JOHN G	
STREET ADDRESS	P.O. BOX 2006	
CITY-ST-ZIP	VENICE FL 34284-2006	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BUSTER, CATHERINE N	
STREET ADDRESS	P.O. BOX 2006	
CITY-ST-ZIP	VENICE FL 34284-2006	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNORS, MICHAEL	
STREET ADDRESS	222 LAUREL HOLLOW RD.	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, GEORGE	
STREET ADDRESS	1236 PINEBROOK WAY	
CITY-ST-ZIP	VENICE FL 34292	

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:

CATHERINE N BUSTER

CATHERINE N BUSTER

3/3/03

(941) 484-9543 X

CR2E037 (10/02)