

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90035 011 \*\*\*\*61.25

**DOCUMENT # N00000003336**

1. Entity Name

**VENICE INDEPENDENT PARTICIPANTS INC.**

Principal Place of Business

**1533 WATERFORD DR.  
 VENICE FL 34292**

Mailing Address

**1533 WATERFORD DR.  
 VENICE FL 34292**

2. Principal Place of Business

**125-C Corporation Way**

3. Mailing Address

**125-C Corporation Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Venice, FL**

City & State

**Venice, FL**

4. FEI Number

**65-1021529**

Applied For

Not Applicable

Zip

**34292**

Country

**USA**

Zip

**34292**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TOMASO, TONY**

**1533 WATERFORD DR.  
 VENICE FL 34292**

7. Name and Address of New Registered Agent

Name

**Jodi Alexander**

Street Address (P.O. Box Number is Not Acceptable)

**125-C Corporation Way**

City

**Venice, FL**

**FL**

Zip Code

**34292**

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

**Jodi Alexander, Treasurer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Jodi Alexander 2/7/01**

**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 **PD** ☐ Delete  
 NAME **TOMASO, TONY**  
 STREET ADDRESS **1533 WATERFORD DR.**  
 CITY-ST-ZIP **VENICE FL 34292**

TITLE **TD** ☐ Delete  
 NAME **ALEXANDER, JODI**  
 STREET ADDRESS **125 CORPORATION WAY, UNIT C**  
 CITY-ST-ZIP **VENICE FL 34292**

TITLE **SD** ☐ Delete  
 NAME **SNODGRASS, LARRY**  
 STREET ADDRESS **2357 S. TAMiami TRAIL**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Howard Fowler** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **609 Via Cala**  
 CITY-ST-ZIP **Englewood, FL 34224**

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

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

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

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

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

**2/7/01**

Date

Daytime Phone #

CR2E037 (10/00)