

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90199 028 \*\*\*\*61.25

**DOCUMENT # N01000000386**

1. Entity Name

**FRIENDS OF THE VENICE COMMUNITY CENTER, INC.**

Principal Place of Business

Mailing Address

326 S. NOKOMIS AVE.  
 VENICE FL 34284

326 S. NOKOMIS AVE.  
 VENICE FL 34284

2. Principal Place of Business

3. Mailing Address

**1301 Pine Needle Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Venice Florida**

Zip

Country

Zip

Country

**34292**

**USA**

4. FEI Number

**65-1066793**

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

**FARRELL, JUNE**  
**640 W. VENICE AVE.**  
**VENICE FL 34285**

Name **Donald A. Hiller**

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

**1301 Pine Needle Rd.**

City

**Venice**

**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

**Donald A. Hiller**

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

*Donald A. Hiller*

(NOTE: Registered Agent signature required when reinstating)

**1/28/02**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete  
 NAME **FARRELL, JUNE**  
 STREET ADDRESS **640 W. VENICE AVE.**  
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **President** ☒ Change ☐ Addition  
 NAME **Donald A. Hiller**  
 STREET ADDRESS **1301 Pine Needle Rd**  
 CITY-ST-ZIP **Venice FL 34292**

TITLE **T** ☒ Delete  
 NAME **DRIGGERS, HENRIETTA**  
 STREET ADDRESS **237 MT. PLEASANT RD.**  
 CITY-ST-ZIP **LAUREL FL 34272**

TITLE **Treas.** ☒ Change ☐ Addition  
 NAME **Jacquelyn F. Hiller**  
 STREET ADDRESS **1301 Pine Needle Rd**  
 CITY-ST-ZIP **Venice FL 34292**

TITLE **S** ☐ Delete  
 NAME **CORNELISSEN, LUCILLE**  
 STREET ADDRESS **750B AVENIDA ESTANCIAS**  
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Ida Suzi Bofinger**  
 STREET ADDRESS **1305 Cypress Av**  
 CITY-ST-ZIP **Venice FL 34292**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
 NAME **Vera Nash**  
 STREET ADDRESS **1271 Lakeside Woods Dr**  
 CITY-ST-ZIP **Venice FL 34292**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
 NAME **William Weil**  
 STREET ADDRESS **719 Locarno**  
 CITY-ST-ZIP **Venice FL 34292**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition  
 NAME **Irene Havens**  
 STREET ADDRESS **642 White Pine Rd**  
 CITY-ST-ZIP **Venice FL 34292**

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:

*Donald A. Hiller* **Donald A. Hiller**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/28/02**

Daytime Phone #

**941-455-0373**

CR2E037 (9/01)