

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

FILED

03 FEB 13 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO 2000001859

1. Entity Name  
VENICE SOFTBALL TEAM



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
851 Blue Crane Dr

3. Mailing Address  
851 Blue Crane Dr

DO NOT WRITE IN THIS SPACE

City & State  
Venice, Florida

City & State  
Venice, Florida

4. FEI Number 75-2980316

Applied For  
Not Applicable

Zip 34292 Country U.S.A.

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Robert L. Murphy

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

851 Blue Crane Dr

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

SIGNATURE ROBERT L. MURPHY

SECRETARY / TREASURER

2-6-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25  
Initial or Amended UBR

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 NAME STREET ADDRESS CITY - ST - ZIP	President James Ronketty 890 Bayport Circle, Venice, FL 34292	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Joseph Andrews 1709 Lakeside Venice, FL 34293	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800012462088 02/13/03--01051--001 **\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/Treasurer Robert L. Murphy 851 Blue Crane Dr Venice, FL 34292 Venice, FL 34292	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like information.

SIGNATURE: Robert L. Murphy - ROBERT L. MURPHY

2-6-03 (941) 496-4718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #

CR2E037B (12/02)

21/11