


**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
Suite, Apt. #, etc.

3. Mailing Address
851 Blue Crane Dr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Venice, Florida

City & State
Venice, Florida

4. FEI Number 75-2980316 Applied For
Not Applicable

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

Zip 34292 Country U.S.A. Zip 34292 Country U.S.A.

**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	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like emp. awarded.

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 #

CR2E037B (12/02)

21/11