

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23713

1. Entity Name

The Cotillion Club of Venice, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90048 021 \*\*\*\*70.00

Principal Place of Business

Mailing Address

Mrs. Barbara Gount  
386 Autumn Chase Dr.  
Venice, FL 34292  
US

Sara Reid  
1524 Danford Lane  
Osprey, FL 34229  
US

2. Principal Place of Business

90 Linda Ellis  
Suite, Apt. #, etc.  
1384 Roosevelt Dr.

3. Mailing Address

90 Bobbie Clinch  
Suite, Apt. #, etc.  
P.O. Box 1722

City & State

Venice, Florida

City & State

Venice, Florida

Zip

34293

Country

USA

Zip

34285

Country

USA

4. FEI Number

65-0032244

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Marsha Hunt  
464 Ramsey Rd.  
Venice, FL 34292 US

7. Name and Address of New Registered Agent

Name  
Bobbie O. Clinch  
Street Address (P.O. Box Number is Not Acceptable)  
592 Flamingo Drive  
Venice  
City FL Zip Code  
34285

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 Bobbie O. Clinch

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

Bobbie O. Clinch

(NOTE: Registered Agent signature required when reinstating)

5-23-00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PO Barbara Gount ☒ Delete  
386 Autumn Chase Dr.  
Venice, FL 34292

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VO Linda Ellis ☒ Delete  
1384 Roosevelt Drive  
Venice, FL 34293

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TIO  
Bobbie Clinch  
592 Flamingo Drive  
Venice, Florida 34285 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/O ☐ Change ☒ Addition  
Mrs. Linda Ellis  
1384 Roosevelt Drive  
Venice, Florida 34293

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V/O ☐ Change ☒ Addition  
Mrs. Leslie Novak  
619 Poinsettia Drive  
Venice, Florida 34285

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S/O ☐ Change ☒ Addition  
Mrs. Jennifer Boone  
416 Bayshore Drive  
Venice, Florida

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-2186-2100  
5-23-00 941-488-2762

Date

Daytime Phone #

CR2E037 (9/99)