

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
 03-28-2001 90186 025 ****70.00

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DOCUMENT # N23713

1. Entity Name

THE COTILLION CLUB OF VENICE, INC.

Principal Place of Business

C/O LINDA ELLIS
 1384 ROOSEVELT DR.
 VENICE FL 34293
 US

Mailing Address

C/O BOBBIE CLINCH
 P.O. BOX 1722
 VENICE FL 34285
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Leslie Novak
 Suite, Apt. #, etc.
619 Poinsettia Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Venice, FL 34285

City & State

Zip

34285

Country

US

Country

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

CLINCH, BOBBIE O
592 FLAMINGO DRIVE
VENICE FL 34285

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

3-25-01
 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 **PD** ☒ Delete
 NAME **ELLIS, LINDA**
 STREET ADDRESS **1384 ROOSEVELT DRIVE**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **VD** ☒ Delete
 NAME **NOVAK, LESLIE**
 STREET ADDRESS **619 POINSETTIA DRIVE**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **TD** ☐ Delete
 NAME **CLINCH, BOBBIE**
 STREET ADDRESS **592 FLAMINGO DRIVE**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **SD** ☐ Delete
 NAME **BOONE, JENNIFER**
 STREET ADDRESS **416 BAYSHORE DRIVE**
 CITY-ST-ZIP **VENICE FL**

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 **PD** ☐ Change ☒ Addition
 NAME **Novak, Leslie**
 STREET ADDRESS **619 Poinsettia Drive**
 CITY-ST-ZIP **Venice, FL 34285**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Moseley, Lynn**
 STREET ADDRESS **608 Valencia**
 CITY-ST-ZIP **Venice, FL 34285**

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** **Bobbie O. Clinch** **3-25-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)