

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0086573

DOCUMENT # N23713

1. Entity Name

THE COTILLION CLUB OF VENICE, INC.

04-01-2002 90650 039 ****70.00

Principal Place of Business

LESLIE NOVAK
619 POINSETTIA DR
VENICE FL 34285
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

Lynn Moseley

3. Mailing Address

Suite, Apt. #, etc.

608 Valencia

Suite, Apt. #, etc.

City & State.

Venice, Florida

City & State

Zip

34285

Country

US

Zip

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 Bobbie O. Clinch
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 **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 34285**

TITLE **PD** ☒ Delete
 NAME **NOVAK, LESLIE**
 STREET ADDRESS **619 POINSETTIA DR.**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **VD** ☒ Delete
 NAME **MOSLEY, LYNN**
 STREET ADDRESS **608 VALENCIA**
 CITY-ST-ZIP **VENICE FL 34285**

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

TITLE ☒ Change ☐ Addition
 NAME **Mrs. Laurie Stottlemeyer**
 STREET ADDRESS **3300 Meadow Run Circle**
 CITY-ST-ZIP **Venice, FL 34293**

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

TITLE ☐ Change ☒ Addition
 NAME **Kathy Dean**
 STREET ADDRESS **29 Gulf Manor Drive**
 CITY-ST-ZIP **Venice, FL 34285**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-02 941-488-2752

Date Daytime Phone #

CR2E037 (9/01)