

2001 UNIFORM BUSINESS REPORT (UBR)

4/E

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-05-2001 90009 024 ****61.25

DOCUMENT # N37979

1. Entity Name

VENICE AVENUE COMMERCIAL SUBDIVISION ASSOCIATION

Principal Place of Business

Mailing Address

1210 EAST VENICE AVE
VENICE FL 34292
US

200 N. TAMAMI TRAIL
STE. J
VENICE FL 34295
US

38173

2. Principal Place of Business

1210 EAST VENICE AVE

3. Mailing Address

1210 EAST VENICE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENICE, FL

City & State

VENICE, FL

4. FEI Number

59-3119419

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JESSUP II, THOMAS S
1210 EAST VENICE AVE
VENICE FL 34292

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

Signature, typed or printed name of registered agent and 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRITTON, JOHN	
STREET ADDRESS	1190 EAST VENICE AVE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JESSUP, TOM	
STREET ADDRESS	1210 VENICE AVE E	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALENTI, SANTO	
STREET ADDRESS	1200 VENICE AVE E	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	TODD BRITTON	<input type="checkbox"/> Delete
NAME	1190 EAST VENICE AVE	
STREET ADDRESS	VENICE FL 34292	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TODD BRITTON	
STREET ADDRESS	1190 EAST VENICE AVE	
CITY-ST-ZIP	VENICE, FLA 34292	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM JESSUP	
STREET ADDRESS	1210 EAST VENICE AVE	
CITY-ST-ZIP	VENICE, FLA 34292	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON HOWE	
STREET ADDRESS	1326 PINEBROOK WAY	
CITY-ST-ZIP	VENICE, FLA 34292	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/01 941-484-9020

Date

Daytime Phone #

CR2E037 (10/00)