

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90007 033 ****61.25

DOCUMENT # N40272

1. Entity Name

VENICE GOLF AND COUNTRY CLUB #1, INC.

Principal Place of Business

Mailing Address

250 VENICE GOLF CLUB DR
 VENICE FL 34292
 US

250 VENICE GOLF CLUB DR
 VENICE FL 34292
 US

80027968



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0223681

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GREEN, WILLIAM J
250 VENICE GOLF CLUB DR
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

William J Green

1-14-02

Signature, typed or printed name of registered agent and firm 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	DP	<input type="checkbox"/> Delete
NAME	CORNELIUS, WILLIAM E	
STREET ADDRESS	250 VENICE GOLF CLUB DR	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LACEY, JACK	
STREET ADDRESS	250 VENICE GOLF CLUB DR	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GREEN, WILLIAM J	
STREET ADDRESS	2580 VENICE GOLF CLUB DR	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MARSCHALL, PAUL	
STREET ADDRESS	250 VENICE GOLF CLUB DR	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William J Green

1-14-02

CR2E037 (9/01)