

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40302

1. Entity Name

VENICE TAXPAYERS LEAGUE, INC.

Principal Place of Business

Mailing Address

P O BOX 118
VENICE FL 34284

P O BOX 118
VENICE FL 34284-0118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0265711

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

LEVINE, HERBERT L
102 HARBOR SR S
VENICE FL 34285

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME LEVINE, HERBERT L
STREET ADDRESS 42 HARBOR DR S
CITY-ST-ZIP VENICE FL

TITLE SD ☐ Change ☒ Addition
NAME Geri Weinberg
STREET ADDRESS 740 Bird Bay Drive W
CITY-ST-ZIP Venice, FL 34892

TITLE DV ☐ Delete
NAME STOUT, ROY
STREET ADDRESS 812 RIALTO
CITY-ST-ZIP VENICE FL

TITLE VTD ☐ Change ☒ Addition
NAME Roy C. Stout
STREET ADDRESS 812 The Rialto
CITY-ST-ZIP Venice, FL 34285

TITLE DT ☒ Delete
NAME VENUJI, J
STREET ADDRESS 1150 TARPON CENTER DR
CITY-ST-ZIP VENICE FL 34285

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 1, 2000

Date

Daytime Phone #

(941)
488-1448

CR2E037 (9/99)