

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90258 007 ****61.25

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**

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 TD ☒ Change ☐ Addition
 NAME Marian Truzzolino
 STREET ADDRESS 740 Golf Drive
 CITY-ST-ZIP Venice, FL 34285

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

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

TITLE SD ☐ Delete
 NAME WEINBERG, GERI
 STREET ADDRESS 740 BIRD BAY DRIVE-W
 CITY-ST-ZIP VENICE FL 34892

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

TITLE ~~VD~~ ☒ Delete
 NAME ~~STOUT, ROY G~~
 STREET ADDRESS ~~812 THE RIALTO~~
 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
 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED Roy Stout

4-24-02 (941) 488-1448

Date

Daytime Phone #

CR2E037 (9/01)