

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90037 038 \*\*\*\*61.25

**DOCUMENT # N95000000112**

1. Entity Name

**VENETIAN MOBILE HOME OWNERS, INC.**

Principal Place of Business

5475 3RD LANE N  
 ST. PETERSBURG FL 33703

Mailing Address

C/O CHESTER C. EVANS SR.  
 5520 2ND WAY NORTH  
 ST. PETERSBURG FL 33703-2304  
 US

00013410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2504898**

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

**FORD, EDWIN I**  
**2310 WEST BAY DR.**  
**LARGO FL 34640**

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	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>SMITH, ROLAND</del>	
STREET ADDRESS	<del>5625 2ND WAY NORTH</del>	
CITY-ST-ZIP	<del>ST. PETERSBURG FL</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELUSO, ANELLO	
STREET ADDRESS	157 54TH TERRACE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	<del>P</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>XXXXXXXX</del>	
STREET ADDRESS	<del>164 55TH PLACE N</del>	
CITY-ST-ZIP	<del>ST. PETERSBURG FL</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAZELWOOD, JACK	
STREET ADDRESS	117 54TH TERRACE N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	<del>DR</del> President	<input type="checkbox"/> Delete
NAME	KREST, MARK	
STREET ADDRESS	148 56TH TERRACE N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	EVANS, CHESTER	
STREET ADDRESS	5520 2ND WAY, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janet Haverstock	
STREET ADDRESS	5600 3rd. Way N.	
CITY-ST-ZIP	St. Petersburg, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur LeBlanc	
STREET ADDRESS	5425 1st. Way N.	
CITY-ST-ZIP	St. Petersburg, FL.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stan Harding	
STREET ADDRESS	5461 1st. Way N.	
CITY-ST-ZIP	St. Petersburg, FL.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tony D'Amico	
STREET ADDRESS	159 Barnard Blvd. N.	
CITY-ST-ZIP	St Petersburg, FL.	
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 Required*

01/28/2000

727 527 536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #