

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90059 010 ****61.25

DOCUMENT # N95000000112

1. Entity Name

VENETIAN MOBILE HOME OWNERS, INC.

Principal Place of Business

**VENTIAN M/ PARK
 5475 3RD LANE
 ST. PETERSBURG FL 33703**

Mailing Address

**VENTIAN M/ PARK
 5475 3RD LANE
 ST. PETERSBURG FL 33703
 US**

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 **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 **VP Pres.** Delete
 NAME **HAVERSTOCK, JANET**
 STREET ADDRESS **5600 3RD WAY N**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D.** Change Addition
 NAME **Beaucage, Andre**
 STREET ADDRESS **219 54th. Terrace N.**
 CITY-ST-ZIP **St. Petesburgh, FL**

TITLE **D** Delete
 NAME **PELUSO, ANELLO**
 STREET ADDRESS **157 54TH TERRACE NORTH**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D.** Change Addition
 NAME **~~Louie~~ Fontaine, Louie**
 STREET ADDRESS **172 55th. Place N.**
 CITY-ST-ZIP **St. Petersburg, FL.**

TITLE **D** Delete
 NAME **LEBLANC, ARTHUR**
 STREET ADDRESS **5425 1ST WAY N**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D.** Change Addition
 NAME **Stokes, Len**
 STREET ADDRESS **225 barnard Blvd. N.**
 CITY-ST-ZIP **St. Petersburg, FL.**

TITLE **D** Delete
 NAME **HAZELWOOD, JACK**
 STREET ADDRESS **117 54TH TERRACE N**
 CITY-ST-ZIP **ST. PETERSBURG GL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP Pres.** Delete
 NAME **KREST, MARK**
 STREET ADDRESS **148 56TH TERRACE N.**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **EVANS, CHESTER**
 STREET ADDRESS **5520 2ND, WAY, NORTH**
 CITY-ST-ZIP **ST. PETERSBURG FL**

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: **CHRISTOPHER SQUIRE, Secty.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 14, 02

Date

727 527 5364

Daytime Phone #

CR2E037 (9/01)