2002 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2002 8:00 am DOCUMENT # N9700000548 **Secretary of State** VENICE ISLE ACTIVITIES CLUB, INC. 04-09-2002 90031 029 ****61.25 Principal Place of Business Mailing Address 600 CORTINA BLVD. 603 ROMA ROAD VENICE FL 34292 VENICE FL 34292 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0742842 Not Applicable \$8.75 Additional Country Zip \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) KORP, WILLIAM R ESQ. 333 SOUTH TAMIAMI TRAIL SUITE 199 City Zip Code VENICE FL 34285 FL 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 Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Department of State Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. (9/01) ☐ Change Addition ☐ Delete TITLE TITLE LEVASSEUR, CLAUDE E NAME NAME¹⁷ STREET ADDRESS STREET ADDRESS **878 JOLANDA CIR** CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 Addition Change ☐ Delete TITLE TITLE WALMSLEY, MARJORIE NAME NAME STREET ADDRESS STREET ADDRESS 933 NETLUNO DR CITY-ST-ZIP CITY-ST-7IP VENICE FL 34292 **X** Addition ☐ Change Delete TITLE TITLE JOHN BARLOW 818 BAVENO Dr. MARGARET, CASSIDY NAME NAME 496 CERVINA DR N. STREET ADDRESS STREET ADDRESS VENICE, F1. 34292 CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 ☐ Change **Addition** Delete TITLE TITLE WAITER MARTINEK STANHOPE, NANCY NAME NAME 510 ROMA Rd 502 CERVINA DR N STREET ADDRESS STREET ADDRESS VENICE, Fl. 34292 CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 ☐ Change **⊠** Addition TITLE Delete TITLE BETTY PITTS SALISBURY, MARGE NAME NAME 807 GRAdo Dr. 412 CERVINA DR. S. STREET ADDRESS STREET ADDRESS VENICE, Fl. 34292 CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 ☐ Change TITLE ☐ Addition TITLE ☐ Delete **BIORNAT. VIRGINIA** NAME NAME 797 BAVENO DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-7IP

I hereby certify that the information supplied with this filling 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 with all other like empowered