

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90295 005 ****61.25

DOCUMENT # N97000000548

1. Entity Name

VENICE ISLE ACTIVITIES CLUB, INC.



Principal Place of Business

**600 CORTINA BLVD.
VENICE FL 34292**

Mailing Address

**603 ROMA ROAD
VENICE FL 34292
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 **65-0742842**

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

**KORP, WILLIAM R ESQ.
333 SOUTH TAMiami TRAIL
SUITE 199
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LEVASSEUR, CLAUDE E	
STREET ADDRESS	878 JOLANDA CIR	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALMSLEY, MARJORIE	
STREET ADDRESS	933 NETLUNO DR	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARLOW, JOHN	
STREET ADDRESS	818 BAVENO DR	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEK, WALTER	
STREET ADDRESS	510 ROMA RD	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	PITTS, BETTY	
STREET ADDRESS	807 GRADO DR	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIORNAT, VIRGINIA	
STREET ADDRESS	797 BAVENO DR	
CITY-ST-ZIP	VENICE FL 34292	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Charles E. Levasseur Treasurer 4/21/03 941-484-0421

CR2E037 (10/02)