

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003575

1. Entity Name

VENICE PYTHONS, INC.

Principal Place of Business

Mailing Address

4010 CASEY KEY ROAD
NOKOMIS FL 34275

4010 CASEY KEY ROAD
NOKOMIS FL 34275-3388

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

65-0849485

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

GIUFFRIDA, ALFRED S
4010 CASEY KEY ROAD
NOKOMIS FL 34275

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 D ☐ Delete
NAME GIUFFRIDA, ALFRED S
STREET ADDRESS 4010 CASEY KEY RD
CITY-ST-ZIP NOKOMIS FL 34275

TITLE ☐ Change
NAME WILLIAM ALLEN DIRECTOR
STREET ADDRESS 1045 Beckley Circle
CITY-ST-ZIP VENICE FL 34292

TITLE D ☒ Delete
NAME GIUFFRIDA, PAULINE J
STREET ADDRESS 4010 CASEY KEY RD
CITY-ST-ZIP NOKOMIS FL 34275

TITLE ☐ Change
NAME DIRECTOR
NAME Gary Smith
STREET ADDRESS 399 M+ VERNON DRIVE
CITY-ST-ZIP VENICE FL 34293

TITLE D ☒ Delete
NAME GUTH, JANE A
STREET ADDRESS 4749 SAN SOUSCI
CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☐ Change
NAME DIRECTOR
NAME TIM Shipley
STREET ADDRESS 5888 ELTON RD.
CITY-ST-ZIP VENICE FL 34293

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change
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: ALFRED S. GIUFFRIDA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/2000

941-426-0615

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90053 032 ****61.25

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DO NOT WRITE IN THIS SPACE