

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

0089506

DOCUMENT # N98000007356

04-10-2001 90125 011 ****70.00

1. Entity Name

BEAU VENTURI HOME, INC.

Principal Place of Business

Mailing Address

11 EAGLE CREEK DRIVE
 NAPLES FL 34113

11 EAGLE CREEK DRIVE
 NAPLES FL 34113

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2752895

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN DIEN, PIETER ESQ.
3550 EAST TAMiami TRAIL
NAPLES FL 34112

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 NAME	D SIEMERS, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	780 WATERFORD DRIVE NAPLES FL 34113	
TITLE NAME	D PENCE, ADELAIDE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	530 S. COLLIER NO. 802 MARCO ISLAND FL 34145	
TITLE NAME	D GREEN, MARILYN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	154 CYPRESS VIEW DRIVE NAPLES FL 34113	
TITLE NAME	D KNIFFEN, ROSE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	351 COTTAGE PLACE MARCO ISLAND FL 34145	
TITLE NAME	D GOODALL, MAXINE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	752 EAGLE CREEK DRIVE NAPLES FL 34113	
TITLE NAME	P BLACK, JOSETTE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	749 EAGLE CREEK DRIVE NAPLES FL 34113	

TITLE NAME	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	LYLE SCHARENBERG 1 GREY WING PT NAPLES FL 34113	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 3, 2001
941-793-0500

CR2E037 (10/00)