

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90334 017 \*\*\*\*61.25

**DOCUMENT # N99000003177**

1. Entity Name

**SOVEREIGN NATIONS CULTURAL PRESERVATION CENTER,**

Principal Place of Business

**134 PADDINGTON ROAD  
 VENICE FL 34293-4116**

Mailing Address

**PO BOX 2124  
 VENICE FL 34285**

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 **59-3567690**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DIAMOND, MARC  
 134 PADDINGTON ROAD  
 VENICE FL 34293-4116**

7. Name and Address of New Registered Agent

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 **O** ☐ Delete  
 NAME **DIAMOND, MARC**  
 STREET ADDRESS **134 PADDINGTON RD**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **SILLMAN, GINA**  
 STREET ADDRESS **134 PADDINGTON ROAD**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **NORRIS, JULIE**  
 STREET ADDRESS **1231 BAYSHORE DRIVE**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **SACCACIO, FRANK**  
 STREET ADDRESS **236 SHARRON DR**  
 CITY-ST-ZIP **ALMONT SPRINGS FL 32710**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **TARASHUK, JOHN**  
 STREET ADDRESS **4034 PARKWAY BLVD**  
 CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **166 VENICE EAST BLVD.**  
 CITY-ST-ZIP **VENICE FLA 34293**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**30, 2001**

**941-496-9771**

Date

Daytime Phone #

CR2E037 (10/00)