

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2000 8:00 am**
Secretary of State

05-05-2000 90061 016 ****61.25

DOCUMENT # N99000003292

1. Entity Name

VENICE HIGH ALL CLASS REUNION, INC.

Principal Place of Business

Mailing Address

**209 SAN MARCO DRIVE
VENICE FL 34285****209 SAN MARCO DRIVE
VENICE FL 34285-3136**

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

65-0930832

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****7. Name and Address of New Registered Agent****GATES, CHAD L
1680 FRUITVILLE RD. SUITE 102
SARASOTA FL 34236**

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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D SCHMIDT, PATTI 209 SAN MARCO DRIVE VENICE FL 34285			
D DETTMORE, CAROL 209 SAN MARCO DRIVE VENICE FL 34285			
D DONOVAN, JAN 209 SAN MARCO DRIVE VENICE FL 34285			
D ELLINGSEN, KARI 209 SAN MARCO DRIVE VENICE FL 34285			

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:

SPRINT REUNION
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-13-00 (941) 488-8956**

Date

Daytime Phone #

CR2E037 (9/99)