

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90009 037 \*\*\*150.00

**DOCUMENT # P93000085609**

1. Entity Name

**VENICE CENTER ASSOCIATES I, INC.**

Principal Place of Business

**244 COCOA LANE  
VENICE FL 34293**

Mailing Address

**722 SHAMROCK BLVD  
VENICE FL 34293**

2. Principal Place of Business

**2800 Kennedy DR**  
Suite, Apt. #, etc.

3. Mailing Address

**2800 Kennedy DR**  
Suite, Apt. #, etc.

City & State

**VENICE FL**

City & State

**VENICE FL**

Zip

Country

**34292 USA**

Zip

Country

**34292 USA**

6. Name and Address of Current Registered Agent

**SULLIVAN, PAMELA B  
244 COCOA LANE  
VENICE FL 34293**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

4. FEI Number

**65-0463601**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BRADY, RICHARD W**  
STREET ADDRESS **315 PINE GLEN WAY**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **D** ☐ Delete  
NAME **BRADY, ROBERT W**  
STREET ADDRESS **5227 SIESTA COVE DR.**  
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **D** ☐ Delete  
NAME **SULLIVAN, PAMELA B**  
STREET ADDRESS **244 COCOA LANE**  
CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **2800 Kennedy DR  
VENICE, FL 34292**

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: **Pamela B Sullivan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/01**

**941-4845718**

Date Daytime Phone #

CR2E034 (10/00)