

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000005618

1. Entity Name

VENTURE CAPITAL PARTNERS CORP.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90141 010 ***150.00

Principal Place of Business

455 INDIAN ROCKS RD.
 BELLEAIR BLUFFS FL 33770
 US

Mailing Address

455 INDIAN ROCKS RD.
 BELLEAIR BLUFFS FL 33770
 US

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

65-0553699

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

BUCKLES, WILLIAM G
 455 N INDIAN ROCKS RD
 SUITE 2
 BELLAIR BLUFFS FL 33770

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BUCKLES, WILLIAM G	
STREET ADDRESS	455 N INDIAN ROCKS RD	
CITY-ST-ZIP	BELLAIR BLUFFS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VELTMAN, DAVID M.	
STREET ADDRESS	455 N INDIAN ROCK RD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VELTMAN, GREG D	
STREET ADDRESS	455 N INDIAN ROCKS RD	
CITY-ST-ZIP	BELEAIRE BLUFFS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOORE, MILES J	
STREET ADDRESS	455 N INDIAN ROCKS RD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William G. Buckles

Date

Daytime Phone #

727.585.6333

CR2E034 (9/99)