

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023276

1. Entity Name

VEN RESTAURANT, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90076 031 ***150.00

Principal Place of Business

Mailing Address

1681 US HWY 41 BY-PASS
VENICE FL 34293
US

ONE NORTH TAMiami TRAIL
SARASOTA FL 34236-5537

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0574133**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MUNLBACH, ARNOLD
1 NORTH TAMiami TRAIL
BRADENTON FL

Name **ARNOLD MUHLBACH**

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

1 NORTH TAMiami TRAIL

City **SARASOTA** **FL** Zip Code **34236**

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 **PT** ☐ Delete
NAME **PARRY, LAURENCE H**
STREET ADDRESS **5400 OCEAN BLVD. THE TERRACE APT2-1**
CITY-ST-ZIP **SARASOTA FL**

TITLE **P/T/D** ☒ Change ☐ Addition
NAME **LAURENCE H. PARRY**
STREET ADDRESS **5400 OCEAN BLVD THE TERRACE APT2-1**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **AS** ☐ Delete
NAME **PARRY, VALERIE**
STREET ADDRESS **5400 OCEAN BLVD. THE TERRACE APT2-1**
CITY-ST-ZIP **SARASOTA FL**

TITLE **S/D** ☒ Change ☐ Addition
NAME **VALERIE M. PARRY**
STREET ADDRESS **5400 OCEAN BLVD THE TERRACE APT2-1**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
NAME **BART LEEREVELD**
STREET ADDRESS **1 NORTH TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)