

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000035547**

1. Entity Name

VENTURE PROPERTIES, INC.**FILED**
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90031 010 ***150.00

Principal Place of Business

4145 BIRCH ST NE
ST. PETERSBURG FL 33703
US

Mailing Address

PO BOX 7893
ST. PETERSBURG FL 33734
US

713791



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

595 45th Ave NE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Pete FL

City & State

4. FEI Number 59-3315304

Applied For

Not Applicable

Zip

33703

Country

Pinellas

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLITE, KEIR
4145 BICH ST NE
ST. PETERSBURG FL 33703

7. Name and Address of New Registered Agent

Name

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

595 45th Ave NE

City

St. Pete

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME GALLITE, KEIR J ☐ Delete
STREET ADDRESS 230 39TH AVE. N.E.
CITY-ST-ZIP ST. PETERSBURG FL 33703TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 595 45th Ave NE
CITY-ST-ZIPTITLE Vice President
NAME Cheryl Gallite
STREET ADDRESS 595 45th Ave NE
CITY-ST-ZIP St. Pete FL 33703 ☐ Change ☒ AdditionTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Keir J Gallite Pres

Date

2/4/01 727-251-2825

Daytime Phone #

CR2E034 (10/00)