

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023099

1. Entity Name

VENICE CENTER ASSOCIATES II, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90120 030 ***150.00

Principal Place of Business

Mailing Address

1774 KILLDEER CIRCLE
VENICE FL 34293

1774 KILLDEER CIRCLE
VENICE FL 34293-1490

2. Principal Place of Business

244 Cocoa Lane

3. Mailing Address

722 SHAM ROCK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice, FL

City & State

VENICE

4. FEI Number

65-0753324

Applied For

Not Applicable

Zip

34293

Country

US

Zip

FL 34293

Country

US

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

SULLIVAN, PAMELA
1774 KILLDEER CIRCLE
VENICE FL 34293

Name

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

244 Cocoa Lane

City

VENICE, FL

FL

34293

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	BRADY, RICHARD W	
STREET ADDRESS	315 PINE GLEN WAY	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADY, ROBERT WILSON	
STREET ADDRESS	5227 SIESTA COVE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, PAMELA B	
STREET ADDRESS	1774 KILLDEER CIRCLE	
CITY-ST-ZIP	VENICE FL 34293	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	244 Cocoa Lane	
STREET ADDRESS	VENICE, FL 34293	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Date

Daytime Phone #

CR2E034 (9/99)