

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-09-2001 90009 019 ***150.00

DOCUMENT # P97000023099

1. Entity Name

VENICE CENTER ASSOCIATES II, 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

3. Mailing Address

2800 Kennedy DR

City & State

VENICE FL

City & State

VENICE FL

4. FEI Number

65-0753324

Applied For

Not Applicable

Zip

Country

34292 USA

Zip

Country

34292 USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, PAMELA
 244 COCOA LANE
 VENICE FL 34293

7. Name and Address of New Registered Agent

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

TITLE D
 NAME BRADY, ROBERT WILSON
 STREET ADDRESS 5227 SIESTA COVE DRIVE
 CITY-ST-ZIP SARASOTA FL 34242 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

3/16/01 941-484-5118

Date

Daytime Phone #

CR2E034 (10/00)