

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059014

1. Entity Name
VENICE REAL ESTATE HOLDING COMPANY, INC.

Principal Place of Business
1914 BAYSHORE DRIVE
ENGLEWOOD FL 34223

Mailing Address
1914 BAYSHORE DRIVE
ENGLEWOOD FL 34223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3454665

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

~~RICHARD, PETER M
2033 MAIN ST., #101
SARASOTA FL 34237~~

Name
Peter Richard
1914 Bayshore Dr.
Englewood, Florida 34223

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 Peter Richard - Pres. DATE 10/22/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME RICHARD, PETER
STREET ADDRESS 1914 BAYSHORE DR.
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD
NAME BENTUCH, BART
STREET ADDRESS 2033 MAIN ST., #101
CITY-ST-ZIP SARASOTA FL 34237

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME RICHARD, BETH
STREET ADDRESS 1914 BAYSHORE DR.
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE
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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: DATE 9/10/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 29 PM 2:15



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)