

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077945

1. Entity Name

VENETIAN CORPORATION

Principal Place of Business

252 VENETIAN DRIVE
DELRAY BEACH FL 33483

Mailing Address

252 VENETIAN DRIVE
DELRAY BEACH FL 33483-6810

2. Principal Place of Business

252 VENETIAN DRIVE

3. Mailing Address

252 VENETIAN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL.

City & State
DELRAY BEACH, FL.

Zip

Country

33483 PALM BEACH

Zip

Country

33483 PALM BEACH

6. Name and Address of Current Registered Agent

CARNEY, THOMAS F JR
811 GEORGE BUSH BLVD
DELRAY BEACH FL 33483

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, 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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	PATRICK A. QUINLAN JR.	
STREET ADDRESS	DELRAY BEACH, FL. 33483	
CITY-ST-ZIP		
TITLE	CHERYL J. QUINLAN	<input type="checkbox"/> Delete
NAME	VICE PRESIDENT	
STREET ADDRESS	252 VENETIAN DR.	
CITY-ST-ZIP	DELRAY BEACH, FL. 33483	
TITLE	PAUL M. QUINLAN	<input type="checkbox"/> Delete
NAME	VICE PRESIDENT	
STREET ADDRESS	252 VENETIAN DR.	
CITY-ST-ZIP	DELRAY BEACH, FL. 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

X Cheryl J. Quinlan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHERYL J. QUINLAN, VICE PRESIDENT

4/28/00 (561) 243 8958

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90154 013 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)