

# 2000 UNIFORM BUSINESS REPORT (UBR)

pg. 1062

DOCUMENT #

50789

1. Entity Name

Venice Service Corp.

FILED

00 APR 14 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

Jacksonville, FL

225 Water Street  
Jacksonville, FL 32202

2. Principal Place of Business c/o The Prentice-Hall Corporation System, Inc.

3. Mailing Address c/o The Prentice-Hall Corporation System, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1201 Hays St., Suite 105

1201 Hays St., Suite 105

City & State  
Tallahassee, FL

City & State  
Tallahassee, FL

4. FEI Number

65-02226508

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip  
32301

Country  
USA

Zip  
32301

Country  
USA

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

The Prentice-Hall Corporation System, Inc.  
1201 Hays Street, Suite 105  
Tallahassee, FL 32301

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 \$100.00  
AFTER MAY 1, 2000 Fee will be \$200.00  
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 President ☐ Delete  
NAME Robert L. Andersen  
STREET ADDRESS 301 S. College Street  
CITY - ST - ZIP Charlotte, NC 28288-0630

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

TITLE Secretary ☐ Delete  
NAME David A. Drake  
STREET ADDRESS 301 S. College Street  
CITY - ST - ZIP Charlotte, NC 28288-0630

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

TITLE Treasurer ☐ Delete  
NAME Larry J. Wertz  
STREET ADDRESS 301 S. College Street  
CITY - ST - ZIP Charlotte, NC 28288

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

TITLE Director ☐ Delete  
NAME Keith D. Lembo  
STREET ADDRESS 301 S. College Street  
CITY - ST - ZIP Charlotte, NC 28288-0630

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ 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:

Robert Andersen Robert Andersen

4/13/00

Date

704/ 374-6611

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

pg. 2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 663307 167868A

AUTHORIZATION :

*Patricia Pzyto*

COST LIMIT : \$ 150.00

ORDER DATE : April 14, 2000

ORDER TIME : 4:04 PM

ORDER NO. : 663307-025

CUSTOMER NO: 167868A

CUSTOMER: Lisa P. Clontz, Legal Asst  
First Union Corporation  
One First Union Ctr  
Legal Dept. - 31st Floor  
Charlotte, NC 28288

ANNUAL REPORT FILING

NAME: VENICE SERVICE CORP.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Erika Carlson

EXAMINER'S INITIALS:

RECEIVED  
00 APR 14 PM 4:45  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA