

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90149 017 \*\*\*150.00

**DOCUMENT # S81215**

1. Entity Name  
**VENTURE REALTY OF NORTH FLORIDA, INC.**



Principal Place of Business

**101 NW 75TH ST  
STE 1  
GAINESVILLE FL 32607  
US**

Mailing Address

**101 NW 75TH ST  
STE 1  
GAINESVILLE FL 32607  
US**

2. Principal Place of Business

**4907 NW 43rd ST  
Suite F**

3. Mailing Address

**4907 NW 43rd ST  
Suite F**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Gainesville, FL**

City & State

**Gainesville, FL**

Zip

**32606**

Country

**USA**

Zip

**32606**

Country

**USA**

4. FEI Number

**59-3087316**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PLA, JOHN  
101 NW 75 ST  
STE 1  
GAINESVILLE FL 32607**

7. Name and Address of New Registered Agent

Name

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

**4907 NW 43rd ST**

**Suite F**

City

**Gainesville**

**FL**

Zip Code

**32606**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, word or printed name of registered agent and title if applicable.

**John M. Pla, Pres.**

**1/9/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
PLA, JOHN  
101 NW 75TH ST STE 1  
GAINESVILLE FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
HOWARD, AMY L.  
101 NW 75TH ST STE 1  
GAINESVILLE FL** ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**4907 NW 43rd ST, Suite F  
Gainesville, FL 32606** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V, D  
4907 NW 43rd ST, Suite F  
Gainesville, FL 32606** ☒ Change ☐ Addition

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**AMY L. HOWARD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**AMY L. HOWARD**  
V.P.

**1/9/03**  
Date

**352-331-1111**  
Daytime Phone #

CR2E034 (10/02)