

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

0022019

05-15-2001 90153 049 \*\*\*\*61.25

**DOCUMENT # N94000001245**

1. Entity Name

**VRC-50 ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1268 PALM BLUFF DR  
 APOPKA FL 32712**

**1268 PALM BLUFF DR  
 APOPKA FL 32712**

**765402**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3269663**

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

**STAPLES, CLINT  
 1268 PALM BLUFF DR  
 APOPKA FL 32712**

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>RICHARD D. RUYLE</b>	
STREET ADDRESS	<b>17166 STARRTON BUNKER HILL ROAD</b>	
CITY-ST-ZIP	<b>STARRTON IL 62088</b>	
TITLE	<b>BMD</b>	<input type="checkbox"/> Delete
NAME	<b>BELANGER, EUGENE JR</b>	
STREET ADDRESS	<b>4321 ILLINOIS AVE</b>	
CITY-ST-ZIP	<b>KENNER LA 70065</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>IDGO, DAN</b>	
STREET ADDRESS	<b>111 SUMMER PLACE</b>	
CITY-ST-ZIP	<b>ENUNDAW WA 98022</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MILOWIC, WALTER J</b>	
STREET ADDRESS	<b>717 CURRITUCK DR</b>	
CITY-ST-ZIP	<b>RALEIGH NC 27609</b>	
TITLE	<b>BMD</b>	<input type="checkbox"/> Delete
NAME	<b>TILLERY, MIKE</b>	
STREET ADDRESS	<b>4735 CLAIREMOUT DR</b>	
CITY-ST-ZIP	<b>SAN DIEGO CA 92117</b>	
TITLE	<b>BMD</b>	<input type="checkbox"/> Delete
NAME	<b>AMICK, RON</b>	
STREET ADDRESS	<b>1076 KISTAP TERRACE</b>	
CITY-ST-ZIP	<b>OAK HARBOR WA 98277</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>17166 STAUNTON</b>	
CITY-ST-ZIP	<b>STAUNTON</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IDSO, DAN</b>	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: **Walter J. Milowic**

4/30/01

919-510-4293

CR2E037 (10/00)