

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90350 036 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3269663

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 Delete
 NAME **TD RICHARD D. RUYLE**
 STREET ADDRESS **17166 STAUNTON**
 CITY-ST-ZIP **STAUNTON IL 62088**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **BMD BELANGER, EUGENE JR**
 STREET ADDRESS **4321 ILLINOIS AVE**
 CITY-ST-ZIP **KENNER LA 70065**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D IDSO, DAN**
 STREET ADDRESS **111 SUMMER PLACE**
 CITY-ST-ZIP **ENUNDAW WA 98022**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P MILOWIC, WALTER J**
 STREET ADDRESS **717 CURRITUCK DR**
 CITY-ST-ZIP **RALEIGH NC 27609**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **BMD TILLERY, MIKE**
 STREET ADDRESS **4735 CLAIREMOUT DR**
 CITY-ST-ZIP **SAN DIEGO CA 92117**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **BMD AMICK, RON**
 STREET ADDRESS **1076 KISTAP TERRACE**
 CITY-ST-ZIP **OAK HARBOR WA 98277**

TITLE Change 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/02

Date

919-510-4293

Daytime Phone #

CR2E037 (9/01)