

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082551

1. Entity Name
VA DEVELOPMENT, INC.

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

05-15-2001 90001 016 ***150.00

Principal Place of Business
1530 PINEHURST DRIVE
SPRING HILL FL 34606

Mailing Address
1530 PINEHURST DRIVE
SPRING HILL FL 34606

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 **59-3408128**

Applied For

Not Applicable

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

GRESHAM, GREGORY L
7777 131ST STREET N
SUITE 10
SEMINOLE FL 33776

Name
Rodney S. Ackley

Street Address (P.O. Box Number is Not Acceptable)
1530 Pinehurst Drive

City Spring Hill FL Zip Code 34606

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACKLEY, RODNEY S 1530 PINEHURST DRIVE SPRING HILL FL 34606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN BEBBER, GREGORY E 220 NEVEL ROAD LUTZ FL 33549	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ACKLEY, EVA F 1530 PINEHURST DR SPRING HILL 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		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)