

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24078

1. Entity Name

VALLEY DALE ACRES CIVIC ASSOCIATION INCORPORATED

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90057 011 \*\*\*\*61.25

Principal Place of Business

KEKNNETH WEILER  
6929 LUN DR.  
ZEPHYRHILLS FL 33541  
PA

Mailing Address

KEKNNETH WEILER  
6929 LUN DR.  
ZEPHYRHILLS FL 33541  
PA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

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

KENNETH, WEILER  
6929 LUM DR.  
ZEPHYRHILLS FL 33541

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 **DST** ☐ Delete  
NAME **WEILER, KENNETH**  
STREET ADDRESS **6929 LUM DR**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

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

TITLE **DVP** ☐ Delete  
NAME **RANDOLPH, JEANETTE**  
STREET ADDRESS **37411 ATTIVA AVE**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

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

TITLE **D** ☐ Delete  
NAME **STROUP, PHYLLIS**  
STREET ADDRESS **37519 ATTICA AVE**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

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

TITLE **DP** ☐ Delete  
NAME **RAYMOND, FABRIZIO**  
STREET ADDRESS **37405 ATTICA AVE.**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

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

TITLE **D** ☐ Delete  
NAME **CASE, CLARENCE**  
STREET ADDRESS **37518 ATTICA AVE**  
CITY-ST-ZIP **ZEPHYRHILLS FL**

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

TITLE **DST** ☐ Delete  
NAME **SOMMERS, BERTHA**  
STREET ADDRESS **37400 ATTICA AVE**  
CITY-ST-ZIP **ZEPHYRHILLS FL**

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: *Kenneth Weiler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00

Date

(813) 788-3543

Daytime Phone #

CR2E037 (9/99)