

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # N24078**

1. Entity Name  
**VALLEY DALE ACRES CIVIC ASSOCIATION INCORPORATED**

Principal Place of Business KEKNNETH WEILER 6929 LUM DR. ZEPHYRHILLS FL 33541 PA	Mailing Address KEKNNETH WEILER 6929 LUM DR. ZEPHYRHILLS FL 33541 PA
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>NOT APPLICABLE</b>	Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip	Country		

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
KENNETH, WEILER 6929 LUM DR. ZEPHYRHILLS FL 33541	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>DST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEILER, KENNETH</b>	NAME	
STREET ADDRESS	<b>6929 LUM DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33541</b>	CITY-ST-ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RANDOLPH, JEANETTE</b>	NAME	
STREET ADDRESS	<b>37411 ATTIVA AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33541</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STROUP, PHYLLIS</b>	NAME	
STREET ADDRESS	<b>37519 ATTICA AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33541</b>	CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAYMOND, FABRIZIO</b>	NAME	
STREET ADDRESS	<b>37405 ATTICA AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33541</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASE, CLARENCE</b>	NAME	
STREET ADDRESS	<b>37518 ATTICA AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	CITY-ST-ZIP	
TITLE	<b>DSP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOMMERS, BERTHA</b>	NAME	
STREET ADDRESS	<b>37400 ATTICA AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	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** **(813) 788-3543**

Date Daytime Phone #

CR2E037 (9/99)