

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90274 013 ****61.25

DOCUMENT # N24078

1. Entity Name

VALLEY DALE ACRES CIVIC ASSOCIATION INCORPORATED

Principal Place of Business

Mailing Address

KEKNNETH WEILER
 6929 LUN DR.
 ZEPHYRHILLS FL 33541
 PA

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

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

KENNETH, WEILER
 6929 LUM DR.
 ZEPHYRHILLS FL 33541

Name Bertha Sommers
 Street Address (P.O. Box Number is Not Acceptable)
37400 ATTICA AVE
 City Zephyrhills FL Zip Code 33541

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 Bertha E Sommers Director

January 29 2001

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	D	<input checked="" type="checkbox"/> Delete
NAME	WEILER, KENNETH	
STREET ADDRESS	6929 LUM DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	RANDOLPH, JEANETTE	
STREET ADDRESS	37411-ATTICA AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROUP, PHYLLIS	
STREET ADDRESS	37519 ATTICA AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RAYMOND, FABRIZIO	
STREET ADDRESS	37405 ATTICA AVE.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASE, CLARENCE	
STREET ADDRESS	37518 ATTICA AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SOMMERS, BERTHA	
STREET ADDRESS	37400 ATTICA AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARWIN DUNN	
STREET ADDRESS	37416 ATTICA AVE	
CITY-ST-ZIP	Zephyrhills FL 33541	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAY ASH	
STREET ADDRESS	6955 Fort King Hwy	
CITY-ST-ZIP	Zephyrhills FL 33541	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL HOWARD	
STREET ADDRESS	37528 ATTICA AVE	
CITY-ST-ZIP	Zephyrhills FL 33541	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Porter Stanford	
STREET ADDRESS	37539 ATTICA AVE	
CITY-ST-ZIP	Zephyrhills FL 33541	
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: NSICIAEJF ADAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 29, 2001 (813) 782-6110

Date

Daytime Phone #

CP2E037 (10/00)