

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

KEKNETH WEILER
 6929 LUN DR.
 ZEPHYRHILLS FL 33541
 PA

Mailing Address

KEKNETH 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

6. Name and Address of Current Registered Agent

KENNETH, WEILER
 6929 LUN DR.
 ZEPHYRHILLS FL 33541

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

January 29 2001

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 NAME STREET ADDRESS CITY-ST-ZIP	D WEILER, KENNETH 6929 LUN DR ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARWIN DUNN 37416 ATTICA AVE Zephyrhills FL 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RANDOLPH, JEANETTE 37411 ATTICA AVE ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAY ASH 6955 Fort King Hwy Zephyrhills FL 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROUP, PHYLLIS 37519 ATTICA AVE ZEPHYRHILLS FL 33541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL HOWARD 37528 ATTICA AVE Zephyrhills FL 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAYMOND, FABRIZIO 37405 ATTICA AVE ZEPHYRHILLS FL 33541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Porter Stanford 37539 ATTICA AVE Zephyrhills FL 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASE, CLARENCE 37518 ATTICA AVE ZEPHYRHILLS FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SOMMERS, BERTHA 37400 ATTICA AVE ZEPHYRHILLS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Bertha E Sommers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 29, 2001 (813) 782-6110

Date

Daytime Phone #

CR2E037 (10/00)