

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 251666

1. Entity Name

VALENCIA CENTER INC

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90085 021 ***150.00

0076465

Principal Place of Business

Mailing Address

100 RIALTO PLACE
SUITE 500
MELBOURNE FL 32901
US

100 RIALTO PLACE
SUITE 500
MELBOURNE FL 32901
US

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 **59-0980865**

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

SOTTILE, JOHN
100 RIALTO PLACE
SUITE 500
MELBOURNE FL 32901

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

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 PD ☐ Delete
NAME SOTTILE, JOHN H
STREET ADDRESS 2324 BROOKSIDE WAY
CITY-ST-ZIP INDIALANTIC FL

TITLE AS, AT ☐ Change ☒ Addition
NAME PATRICIA A. STRANGE
STREET ADDRESS 1060 OSPREY DR.
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE VD ☒ Delete
NAME SOTTILE, ETHEL H
STREET ADDRESS 2525 INDIAN MOUND TRAIL
CITY-ST-ZIP CORAL GABLES FL

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

TITLE T ☒ Delete
NAME HAMMOND, LINDA
STREET ADDRESS 1201 PAWNEE TERRACE
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

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

TITLE S ☒ Delete
NAME GUANCI, SUZANNE
STREET ADDRESS 1130 PLACETAS AVE
CITY-ST-ZIP MIAMI FL 33146

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

TITLE AS ☒ Delete
NAME WALSH, JEANNE
STREET ADDRESS 2525 INDIAN MOUND TRAIL
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 like empowered.

SIGNATURE: Patricia A. Strange PATRICIA A. STRANGE - 4/12/01 321-724-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)