

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 285682

1. Entity Name

VOLUSIA-LAKE REALTY CO.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90180 025 ***150.00

Principal Place of Business 1646 CENTER ST DELAND FL 32720 US	Mailing Address 1646 CENTER ST DELAND FL 32720-3003 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1090264**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOK, RITA D
2253 RIVER RIDGE RD
DELAND FL 32720

7. Name and Address of New Registered Agent

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, 2000 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		
TITLE	PD	<input type="checkbox"/> Delete
NAME	COOK, RITA DEE	
STREET ADDRESS	2253 RIVER RIDGE RD.	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	RYALS, WILLIAM L	
STREET ADDRESS	1646 CENTER ST	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RYALS, WILLIAM L.	
STREET ADDRESS	1646 CENTER ST.	
CITY-ST-ZIP	DELAND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RYALS, DEANN M	
STREET ADDRESS	2253 RIVER RIDGE RD	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, VIRGINIA	
STREET ADDRESS	40945 BEACH RD	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

William L. Ryals
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/00 904-734-4938