

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 583214

1. Entity Name  
VAN HOME BUILDERS, INC.

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90041 036 \*\*\*550.00

Principal Place of Business

2260 POINSETTIA DR  
LONGWOOD FL 32779  
US

Mailing Address

P O BOX 915927  
LONGWOOD FL 32791  
US

A0075115



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2230 POINSETTIA DRIVE  
Suite, Apt. #, etc.

3. Mailing Address

2230 POINSETTIA DRIVE  
Suite, Apt. #, etc.

City & State

LONGWOOD, FLORIDA

City & State

LONGWOOD, FLORIDA

4. FEI Number

59-1843647

Applied For

Not Applicable

Zip

32779

Country

SEMINOLE

Zip

32779

Country

SEMINOLE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VAN VALKENBURG, KENNETH  
2260 POINSETTIA DR  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name  
VAN VALKENBURG, KENNETH  
Street Address (P.O. Box Number is Not Acceptable)  
2230 POINSETTIA DRIVE  
LONGWOOD  
City  
FL Zip Code  
32779

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

*Kenneth Van Valkenburg*

8-31-00

(Signature, typed or printed name of registered agent and then 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTS  
VAN VALKENBURG, KENNETH  
2260 POINSETTIA DR  
LONGWOOD FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTS  
VAN VALKENBURG, KENNETH  
2230 POINSETTIA DR.  
LONGWOOD, FL. 32779 ☒ Change ☐ Addition

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

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

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

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

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

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:

*Kenneth Van Valkenburg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-00

Date

407-682-7737

Daytime Phone #