

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A06436**

1. Entity Name
VALHALLA ASSOCIATES, LTD.

Principal Place of Business
**130 WODEN WAY S.E.
WINTER HAVEN FL 33880**

Mailing Address
**130 WODEN WAY S.E.
WINTER HAVEN FL 33884-2835**

2. Principal Place of Business

3. Mailing Address
36 S. Pennsylvania St.,

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 550

City & State

City & State
Indianapolis, IN 46204

Zip

Country

Zip

Country

4. FEI Number **59-1893505**

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

**KELLEY, E.W.
131 WODEN WAY, S.E.
WINTER HAVEN FL 33884**

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 *E.W. Kelley*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

April 28, 2000
DATE

9. Capital Contributions as Shown on record. **\$311,750.00**

10. Amount of Capital Contributions in FLORIDA to date. **98,397.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **F95000005614**
NAME **KELLEY, INC.**
STREET ADDRESS **5735 U.S. 31 NORTH**
CITY-ST-ZIP **SHARPSVILLE IN 46068**

DOCUMENT #
NAME **KELLEY, E.W.**
STREET ADDRESS **131 WODEN WAY S.E.**
CITY-ST-ZIP **WINTER HAVEN FL**

DOCUMENT #
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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-06/12/00--01007--023
******526.25 ****526.25**

[Signature]

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *E.W. Kelley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 28, 2000
Date

317-633-4240
Daytime Phone #

C-25000 (04/00)