

2001 UNIFORM BUSINESS REPORT (UBR)

0016540 AF

DOCUMENT # A06436

1. Entity Name

VALHALLA ASSOCIATES, LTD.

FILED

01 APR 26 AM 11:40

Principal Place of Business

130 WODEN WAY S.E.
WINTER HAVEN FL 33880

Mailing Address

36 S. PENNSYLVANIA STREET, SUITE 550
INDIANAPOLIS IN 46204

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1893505

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KELLEY, E.W.

131 WODEN WAY, S.E.
WINTER HAVEN FL 33884

Name

Street Address (P.O. Box Number is Not Acceptable)

300004221453--3

-05/17/01--01005--023

*****88.00 *****88.00

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 March 28, 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

PREVIOUSLY WRITTEN OFF
\$311,750.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$14,000.00

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

13. ADDRESS CHANGES ONLY

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

E.W.K. Chm

STREET ADDRESS

CITY - ST - ZIP

300004221453--3

-05/17/01--01005--024

*****88.75 *****88.75

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

STREET ADDRESS

CITY - ST - ZIP

98.00 = Up

88.75 = Adm

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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

4-20-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)