

2000 UNIFORM BUSINESS REPORT (UBR)

0020545 SP

DOCUMENT # A97000001100

1. Entity Name

DAKOTA GROUP OF NORTHWEST FLORIDA, LTD.

APPROVED
AND
FILED

00 MAR 30 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

127 JOHN SIMS PARKWAY
VALPARAISO FL 32580

Mailing Address

127 JOHN SIMS PARKWAY
VALPARAISO FL 32580

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3448138

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

WEST, TERESA W

127 JOHN SIMS PARKWAY
VALPARAISO FL 32580

Name

Fedonczok, Teresa W.

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

128 John Sims Parkway

City

VALPARAISO

FL

Zip Code

32580

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

Teresa W. Fedonczok

3/28/00

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.

\$50,200.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # P97000043760
NAME VRC DAKOTA, INC.
STREET ADDRESS 127 JOHN SIMS PARKWAY
CITY - ST - ZIP VALPARAISO FL 32580

DOCUMENT # P97000043768
NAME VICTORIA GROUP, INC.
STREET ADDRESS 24 BLUEWATER POINTE
CITY - ST - ZIP NICEVILLE FL 32578

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

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

700003213807--8

-04/18/00--01116--013

****440.15 ****440.15

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:

Teresa W. Fedonczok
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/28/00

Date

850-678-7812

Daytime Phone #