

2001 UNIFORM BUSINESS REPORT (UBR)

0020186 SP

DOCUMENT # A97000001100

1. Entity Name

DAKOTA GROUP OF NORTHWEST FLORIDA, LTD.

FILED

01 APR 23 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

128 John Sims Parkway

128 John Sims Parkway

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3448138

Applied For

Not Applicable

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

FEDONCZAK, TERESA W
128 JOHN SIMS PARKWAY
VALPARAISO FL 32580

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

Michael W. Edmond
Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

3/21/01

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000043780
NAME VRC DAKOTA, INC.
STREET ADDRESS 127 JOHN SIMS PARKWAY
CITY-ST-ZIP VALPARAISO FL 32580

STREET ADDRESS

128 John Sims Parkway

CITY-ST-ZIP

DOCUMENT # P97000043788
NAME VICTORIA GROUP, INC.
STREET ADDRESS 24 BLUEWATER POINTE
CITY-ST-ZIP NICEVILLE FL 32578

STREET ADDRESS

351.40 - UP

CITY-ST-ZIP

88.75 - Adm

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

6880004220276--6

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Michael W. Edmond
Michael W. Edmond
4-1-01

Date

Daytime Phone #

CR2E003 (11/00)