

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G85856

1. Entity Name

VAN PELT & ASSOCIATES, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90171 001 \*\*\*150.00

Principal Place of Business

2509 N.W. 104TH CT.  
P.O. BOX 12944  
GAINESVILLE FL 32604

Mailing Address

2509 N.W. 104TH CT.  
P.O. BOX 12944  
GAINESVILLE FL 32604-0944

2. Principal Place of Business

11531 NE 109 PL  
Suite, Apt. #, etc.

3. Mailing Address

11531 NE 109 PL  
P.O. BOX 12944  
GAINESVILLE, FL



DO NOT WRITE IN THIS SPACE

City & State  
Archer, FL

City & State  
GAINESVILLE, FL

4. FEI Number  
59-2380976

Applied For  
Not Applicable

Zip  
32618 Country  
USA

Zip  
32604 Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN PELT, RONALD P.  
2509 N.W. 104TH CT.  
P.O. BOX 12944  
GAINESVILLE FL 32604

7. Name and Address of New Registered Agent

Name  
RONALD P. VAN PELT  
Street Address (P.O. Box Number is Not Acceptable)  
11531 NE 109 PL, Archer 32618  
P.O. Box 12944  
City  
Gville FL Zip Code  
32604

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 *Ronald P. Van Pelt* *Ronald P. Van Pelt* 4-27-00  
Signature, typed or printed name of registered agent and title if 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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	P	<input type="checkbox"/> Delete
NAME	VAN PELT, RONALD P	
STREET ADDRESS	2509 N.W. 104 CT.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	VAN PELT, MARGARET B.	
STREET ADDRESS	2509 NW 104TH COURT	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11531 NE 109 PL
CITY-ST-ZIP	Archer, FL 32618
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11531 NE 109 PL
CITY-ST-ZIP	Archer, FL 32618
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Ronald P. Van Pelt* 4-27-00 332-2269  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)