

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90025 019 \*\*\*150.00

DOCUMENT # K98677

1. Entity Name

V.I.A., INC.

Principal Place of Business

Mailing Address

%ROLAND M. VILLENEUVE  
5761 CASA DEL SOL BLVD  
SARASOTA FL 34233

%ROLAND M. VILLENEUVE  
5761 CASA DEL SOL BLVD  
SARASOTA FL 34233-1658

U V I A I N C



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

33601 STATE RD 52W

33601 STATE RD 52W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 2310

P.O. Box 2310

City & State

City & State

SAINT LEO FL

SAINT LEO FL

Zip

Country

Zip

Country

33574

USA

33574

USA

4. FEI Number 65-0125646

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

VILLENEUVE, ROLAND M.  
5761 CASA DEL SOL BLVD.  
SARASOTA FL 34233

Name VILLENEUVE ROLAND M

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

33601 STATE ROAD 52W

City

SAINT LEO

FL

Zip Code

33574

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

*[Signature]*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME VILLENEUVE, ROLAND M.  
STREET ADDRESS 5761 CASA DEL SOL BLVD.  
CITY-ST-ZIP SARASOTA FL

TITLE P ☒ Change ☐ Addition  
NAME VILLENEUVE ROLAND M  
STREET ADDRESS 33601 STATE RD 52W  
CITY-ST-ZIP SAINT LEO, FL 33574

TITLE V ☐ Delete  
NAME VILLENEUVE, BARBARA L.  
STREET ADDRESS 5761 CASA DEL SOL BLVD.  
CITY-ST-ZIP SARASOTA FL

TITLE V ☒ Change ☐ Addition  
NAME VILLENEUVE BARBARA L.  
STREET ADDRESS 6761 APPROACH RD.  
CITY-ST-ZIP SARASOTA FL 34238

TITLE ST ☐ Delete  
NAME GRAF, PEGGY ANN  
STREET ADDRESS 4094 CENTER POINTE PLACE  
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-00

352-538-424

Date

Daytime Phone #