

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L48850

1. Entity Name

VALLE OAKS CORPORATION

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90023 015 \*\*\*150.00

Principal Place of Business

Mailing Address

% W. ANDREW KRUSEN  
2907 BAY TO BAY BLVD., SUITE 200  
TAMPA FL 33629-8195  
US

% W. ANDREW KRUSEN  
2907 BAY TO BAY BLVD., SUITE 200  
TAMPA FL 33629-8161  
US

2. Principal Place of Business

7650 Courtney Campbell Causeway

3. Mailing Address

7650 Courtney Campbell Causeway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1120

Suite 1120

City & State

City & State

Tampa, Florida 33607

Tampa, Florida 33607

Zip

Country

Zip

Country

4. FEI Number

59-2996707

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

KRUSEN, W. ANDREW  
2907 BAY TO BAY BLVD.  
SUITE 200  
TAMPA FL 33629

7650 Courtney Campbell Causeway  
Suite 1120  
Tampa, FL 33607

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

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 ☐ Delete  
NAME D  
STREET ADDRESS KRUSEN, W A JR  
CITY-ST-ZIP 2907 BAY TO BAY BLVD., SUITE 200  
TAMPA FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7650 Courtney Campbell Causeway- Suite 1120  
CITY-ST-ZIP Tampa, Florida 33607

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS MEYJES, PAMELA K  
CITY-ST-ZIP 350 E-57TH ST., APT 158  
NEW YORK NY 10022

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KRUSEN, W A SR  
CITY-ST-ZIP 2907 BAY TO BAY BLVD., SUITE 200  
TAMPA FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7650 Courtney Campbell Causeway-Suite 1120  
CITY-ST-ZIP Tampa, Florida 33607

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KRUSEN, CHARLES B  
CITY-ST-ZIP 712 5TH AVE, 11TH FLOOR  
NEW YORK NY 10019

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:

*W. Andrew Krusen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

Daytime Phone #

CR2E034 (9/99)