

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90076 038 ***150.00

0469489 AV

DOCUMENT # M66374

1. Entity Name

VALENCIA ESTATES SENIOR CITIZEN ORGANIZATION, INC.

Principal Place of Business

**3325 BARTOW HWY
LAKELAND FL 33803
US**

Mailing Address

**3325 BARTOW HWY
LOT 46
LAKELAND FL 33803
US**

2. Principal Place of Business

3325 US HWY 98 SO

3. Mailing Address

3325 US HWY 98 SO

Suite, Apt. #, etc.

#46

Suite, Apt. #, etc.

#46

City & State

LAKELAND FL

City & State

LAKELAND FL

Zip

33803

Country

US

Zip

33803

Country

US

4. FEI Number

65-0134630

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, E. SNOW, JR.
200 LAKE MORTON DRIVE
LAKELAND FL 33801**

7. Name and Address of New Registered Agent

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, 2002 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	MCGUIRE, WILLIAM	
STREET ADDRESS	3325 BARTOW HWY LOT 62	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROWN, CLAUDE	
STREET ADDRESS	3325 BARTOW HWY LOT 63	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	T	<input type="checkbox"/> Delete
NAME	BEHLING, JANET	
STREET ADDRESS	3325 BARTOW HWY LOT 46	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREER, DARLENE	
STREET ADDRESS	3325 BARTOW HWY LOT 54	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARE, LARC	
STREET ADDRESS	3325 BARTOW HWY LOT 50	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWLANDS, WILLIAM	
STREET ADDRESS	3325 BARTOW HWY LOT 10	
CITY-ST-ZIP	LAKELAND FL 33803	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHLING, RAY	
STREET ADDRESS	3325 US HWY 98 SO #46	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, WILLIAM	
STREET ADDRESS	3325 US HWY 98 SO #60	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPELL, MARION	
STREET ADDRESS	3325 US HWY 98 SO #53	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELEY, GLORIA	
STREET ADDRESS	3325 US HWY 98 SO #63	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLANDS, WILLIAM	
STREET ADDRESS	3325 US HWY 98 SO #10	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AITCHISON, BETTE	
STREET ADDRESS	3325 US HWY 98 SO #82	
CITY-ST-ZIP	LAKELAND FL 33803	

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-02

863-666-5415

CFR2034 (9/01)