

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22802

1. Entity Name

VISALIA PLACE ASSOCIATION, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90066 037 ****61.25

Principal Place of Business

Mailing Address

REDINGTON, JASSAMINE
6757 VISALIA PL.
TALLAHASSEE FL 32311
US

REDINGTON, JASSAMINE
6757 VISALIA PL.
TALLAHASSEE FL 32311-6441
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6201905

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

DETSCHER, PATRICK
6717 VISALIA PL
TALLAHASSEE FL 32311

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DETSCHER, PATRICK	
STREET ADDRESS	6717 VISALIA PL	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	STD	<input type="checkbox"/> Delete
NAME	REDINGTON, JASSAMINE B	
STREET ADDRESS	6757 VISALIA PL	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HARRIS, MEENA	
STREET ADDRESS	5748 VISALIA PL	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)