

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000668

1. Entity Name

VALENCIA SQUARE TOWNHOMES CONDOMINIUMS ASSOCIATI

Principal Place of Business

Mailing Address

317 E CALL ST
TALLAHASSEE FL 32301
US

P O BOX 4148
TALLAHASSEE FL 32315-4148
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

59-3181679

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

DYE, DON D
317 E CALL ST
TALLAHASSEE FL 32301

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
NAME DYE, DON D
STREET ADDRESS 317 E CALL ST
CITY-ST-ZIP TALLAHASSEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME DYE, MARYBETH
STREET ADDRESS 424 EL DESTINADO DR
CITY-ST-ZIP TALLAHASSEE FL 32312

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VSTD
NAME CARIGLINO, JAMES L
STREET ADDRESS 3600-A WEEMS RD
CITY-ST-ZIP TALLAHASSEE FL

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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

1/17/00

850-224-1205

Date

Daytime Phone #

CR2E037 (9/99)