

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90315 035 ****61.25

0071381

DOCUMENT # N94000001245

1. Entity Name

VRC-50 ASSOCIATION, INC.



Principal Place of Business

**1268 PALM BLUFF DR
APOPKA FL 32712**

Mailing Address

**1268 PALM BLUFF DR
APOPKA FL 32712**

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 **59-3269663**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**STAPLES, CLINT
1268 PALM BLUFF DR
APOPKA FL 32712**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE CLINT STAPLES

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	RICHARD D. RUYLE	
STREET ADDRESS	17166 STAUNTON	
CITY-ST-ZIP	STAUNTON IL 62088	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	BELANGER, EUGENE JR	
STREET ADDRESS	4321 ILLINOIS AVE	
CITY-ST-ZIP	KENNER LA 70065	
TITLE	D	<input type="checkbox"/> Delete
NAME	IDSO, DAN	
STREET ADDRESS	111 SUMMER PLACE	
CITY-ST-ZIP	ENUNDAW WA 98022	
TITLE	P	<input type="checkbox"/> Delete
NAME	MILOWIC, WALTER J	
STREET ADDRESS	717 CURRITUCK DR	
CITY-ST-ZIP	RALEIGH NC 27609	
TITLE	BMD	<input checked="" type="checkbox"/> Delete
NAME	TILLERY, MIKE	
STREET ADDRESS	4735 CLAIREMOUT DR	
CITY-ST-ZIP	SAN DIEGO CA 92117	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	AMICK, RON	
STREET ADDRESS	1076 KISTAP TERRACE	
CITY-ST-ZIP	OAK HARBOR WA 98277	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BMD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE NEEL	
STREET ADDRESS	13413 MOUNTAIN VIEW NORTHEAST	
CITY-ST-ZIP	ALBUQUERQUE, NM 87123	
TITLE	BMD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE DOW	
STREET ADDRESS	110 INNISBROOKE AVE	
CITY-ST-ZIP	GREENWOOD, IN 46142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Walter J Milowic

4/27/03

919 510 4293

CR2E037 (10/02)