

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED

May 16, 2000 8:00 am
Secretary of State

04-10-2000 90033 001 ****61.25

DOCUMENT # N97000005774

1. Entity Name

CLUB HOLLAND ORLANDO CORP.

Principal Place of Business

Mailing Address

2804 LIGHTWOOD ST.
DELTONA FL 32738

2804 LIGHTWOOD ST.
DELTONA FL 32738-9185

2. Principal Place of Business

3. Mailing Address

701 Sandpiper Circle
Suite, Apt. #, etc.

701 Sandpiper Circle
Suite, Apt. #, etc.

City & State

City & State

Longwood, FL

Longwood, FL

Zip
32750

Country
Semunde

Zip
32750

Country
Semunde

4. FEI Number

59-3480331

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

DIJKHUIS, MEINDERT
2804 LIGHTWOOD ST.
DELTONA FL 32738

Name

Andre de GRAAFF

Street Address (P.O. Box Number is Not Acceptable)

701 Sandpiper Circle

City

Longwood

FL

Zip Code

32750

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

Andre de Graaff

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

(NOTE: Registered Agent signature required when reinstating)

4/26/00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEMPENIUS, AUKE 13400 POINTE CT. ORLANDO FL 32828	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD DIJKHUIS, MEINDERT 2804 LIGHTWOOD ST. DELTONA FL 32738	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN BREEMEN, LOUIS 2599 VIA TUSCANY WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAN NITISUSANTA 10048 BRANDON CIRCLE ORLANDO, FL 32836	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Andre de GRAAFF 701 SANDPIPER CIRCLE Longwood, FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOUIS VAN BREEMEN 2599 VIA TUSCANY Winter Park, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 of Officer or Director

4/6/2000 (407) 2600532

Date

Daytime Phone #

CR2E037 (8/99)