

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005774

1. Entity Name

CLUB HOLLAND ORLANDO CORP.

Principal Place of Business

701 SANDPIPER CIRCLE
LONGWOOD FL 32750

Mailing Address

701 SANDPIPER CIRCLE
LONGWOOD FL 32750

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

59-3480331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE GRAAFF, ANDRE
701 SANDPIPER CIRCLE
LONGWOOD FL 32750

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

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 PD
NAME HITISUNTA, HAN
STREET ADDRESS 10048 BRANDON CIRCLE
CITY-ST-ZIP ORLANDO FL 32836 ☒ Delete

TITLE TSD
NAME DE GRAAFF, ANDRE
STREET ADDRESS 701 SANDPIPER CIRCLE
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE VD
NAME VAN BREEMEN, LOUIS
STREET ADDRESS 2599 VIA TUSCANY
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HITISUNTA, HAN
STREET ADDRESS 10048 BRANDON CIRCLE
CITY-ST-ZIP ORLANDO FL 32836 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME PETER GROENENDYK
STREET ADDRESS P.O. BOX 430401
CITY-ST-ZIP KISSIMMEE FL 34743 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDRE DE GRAAFF

4/24/01 (407) 260 0532

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90410 016 *****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)