

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90427 035 ****61.25

DOCUMENT # N97000005774

1. Entity Name

CLUB HOLLAND ORLANDO CORP.

Principal Place of Business

Mailing Address

701 SANDPIPER CIRCLE
LONGWOOD FL 32750

701 SANDPIPER CIRCLE
LONGWOOD FL 32750

2. Principal Place of Business

1144 Courtland St.

3. Mailing Address

1144 Courtland St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number

59-3480331

Applied For

Not Applicable

Zip
32804

Country
Orange

Zip
32804

Country
Orange

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

DE GRAAFF, ANDRE
701 SANDPIPER CIRCLE
LONGWOOD FL 32750

Name

~~Eveline Kraljic-van der Made~~

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

1144 Courtland Street

City

Orlando

FL

Zip Code
32804

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 Eveline Kraljic-van der Made (Treasurer/Director) Eveline Kraljic-van der Made 04/05/02

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HITISUSANTA, HAN 10048 BRANDON CIRCLE ORLANDO FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD DE GRAAFF, ANDRE 701 SANDPIPER CIRCLE LONGWOOD FL 32750	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GROENENDYK, PETER P.O. BOX 430401 KISSIMMEE FL 34743	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Nitisusanta, Han 10048 Brandon Circle Orlando, FL 32836	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Eveline Kraljic-van der Made 1144 Courtland Street Orlando, FL 32804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Groenendyk, Peter PO Box 430401 Kissimmee, FL 34743	<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: Eveline Kraljic-van der Made
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eveline Kraljic-van der Made 04/05/02

Date

Daytime Phone #

CR2E037 (9/01)