

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005396

1. Entity Name

VVA CHAPTER 811, SEMINOLE COUNTY, FL INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90140 046 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 141551
ORLANDO FL 32814

P.O. BOX 141551
ORLANDO FL 32814-1551

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2083250

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GOLDADE, STEVEN J
1910 SHANNON LANE
APOPKA FL 32703

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 ☐ Delete
NAME EVERSON, RICHARD
STREET ADDRESS P.O. BOX 141551
CITY-ST-ZIP ORLANDO FL 32814

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

TITLE VD ☐ Delete
NAME GOLDADE, STEVEN J
STREET ADDRESS 1910 SHANNON LANE
CITY-ST-ZIP APOPKA FL 32703

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

TITLE TD ☐ Delete
NAME BUCK, CHARLES G
STREET ADDRESS 6443 PREAKNESS DR.
CITY-ST-ZIP ORLANDO FL 32818-1742

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

TITLE D ☐ Delete
NAME VAN GINHOVEN, MICHELLE
STREET ADDRESS P.O. BOX 141551
CITY-ST-ZIP ORLANDO FL 32814

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Charles G. Buck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-2000

407
295-8465

CR2E037 (9/99)