## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 31, 2000 8:00 am DOCUMENT # P9200003650 **Secretary of State** VAN DER VALK IDEAL HOMES, INC. 03-31-2000 90053 045 \*\*\*150.00 Principal Place of Business Mailing Address 200 E ROBINSON ST 2<del>00 E ROBINSON S</del>T SUITE 500 SUITE 500 ORLANDO FL 32801-1956 ORLANDO FL 32801-2. Principal Place of Rusiness YOUNG PARKWAY 3. Mailing Address Swite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number issimmee, Fi 59-3161312 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORIDA CORPORATE SUPPORT INC. Street Address (P.O. Box Number is Not Acceptable) 200 E ROBINSON STREET SUITE 500 ORLANDO FL 32801 Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change **PSD** TITLE ☐ Detete GROENENDIJK, PETER J NAME NAME 316 N. JOHN YOUNG PARKWAY SUITE 14 316 N. BERMUDA AVE - STE 11 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34741 Addition ☐ Delete hotser, christiaan TITLE GROENENDIJK, ANNELIESE NAMÉ 316 N. JOHN YOUNG Parkway Suite 14 NAME STREET ADDRESS 316 N. BERMUDA AVE - STE 11 STREET ADDRESS KISSIMMEE, FI 3474 CITY-ST-7IP KISSIMMEE FL 34741 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

th this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or suppler of the corporation or the receiver SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. I hereby certify that the information