

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000003650

1. Entity Name  
VAN DER VALK IDEAL HOMES, INC.

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**  
03-07-2001 90178 001 \*1,950.00

Principal Place of Business  
316 N JOHN YOUNG PKWY  
SUITE 14  
KISSIMMEE FL 34741  
US

Mailing Address  
~~200 E ROBINSON ST~~  
~~SUITE 500~~  
~~ORLANDO FL 32801~~

28907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
P O Box 430401

City & State  
Kissimmee FL

4. FEI Number 59-3161312  
Applied For  
Not Applicable

City & State  
Kissimmee FL

Zip Country  
34743 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~FLORIDA CORPORATE SUPPORT INC.~~  
~~200 E ROBINSON STREET~~  
~~SUITE 500~~  
~~ORLANDO FL 32801~~

7. Name and Address of New Registered Agent  
Name Ideal Opportunities Inc  
Street Address (P.O. Box Number is Not Acceptable)  
316 N John Young Pky  
Suite 14  
City Kissimmee FL Zip Code 34741

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 P J Groenendijk President 3/2/01  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROENENDIJK, PETER J		NAME		
STREET ADDRESS	316 N JOHN YOUNG PKWY SUITE 14		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34741		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATSER, CHRISTIAAN		NAME		
STREET ADDRESS	316 N JOHN YOUNG PKWY SUITE 14		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34741		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: P J Groenendijk, Pres 3/2/01 407 944 9515  
Date Daytime Phone #

CR2E034 (10/00)