

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90026 017 ***150.00

DOCUMENT # P95000021566

1. Entity Name

V.H. & M.W. ASSOCIATION, INC.

Principal Place of Business

1510 S.E. 20TH COURT
 CAPE CORAL FL 33990

Mailing Address

1230 CALHOUN RD
 DAHLONEGA GA 30533
 US

2. Principal Place of Business

3806 HIDDEN ACRES CIRCLE
 Suite, Apt. #, etc.

3. Mailing Address

3315 DAWSONVILLE HWY
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NORTH FORT MYERS, FLORIDA

City & State

GAINESVILLE, GEORGIA

4. FEI Number

65-0565228

Applied For

Not Applicable

Zip

33903

Country

U.S.A.

Zip

30506

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MAHLER-WOLF, CHRISTEL
 1510 S.E. 20TH COURT
 CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name MAHLER-KOCH, MANUELA
 Street Address (P.O. Box Number is Not Acceptable)
 3806 HIDDEN ACRES CIRCLE
 City NORTH FORT MYERS FL Zip 33903

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 Manuela Mahler-Koch MANUELA MAHLER-KOCH 1/29/2001
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MAHLER-WOLF, CHRISTEL	
STREET ADDRESS	1510 S.E. 20TH COURT	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	DPST	<input type="checkbox"/> Delete
NAME	MAHLER-WOLFE, CHRISTEL	
STREET ADDRESS	1510 SW 20TH CT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHLER-WOLF, CHRISTEL	
STREET ADDRESS	3315 DAWSONVILLE HWY	
CITY-ST-ZIP	GAINESVILLE, GA 30506	
TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHLER-WOLF, CHRISTEL	
STREET ADDRESS	3315 DAWSONVILLE HWY	
CITY-ST-ZIP	GAINESVILLE, GA 30506	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Christel Mahler-Wolf CHRISTEL MAHLER-WOLF Jan 31, 01 706.864-6969
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)