2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020512

1. Entity Name

VAN DER VALK, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State
03-31-2000 90053 041 ***150.00

Principal Place of Business	Mailing Address
~~200 EAST ROBINSON STREET~~ ~~SUITE 500~~ ~~ORLANDO FL 32801~~	200 EAST ROBINSON ST SUITE 500 ORLANDO FL 32801-1956 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
316 N. JOHN YOUNG PARKWAY	
Suite, Apt. #, etc. Suite 14	Suite, Apt. #, etc.
City & State Kissimmee, Fl	City & State
Zip 34741 / Country USA	Zip / Country

4. FEI Number 59-3403455 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLORIDA CORPORATE SUPPORT, INC.
200 EAST ROBINSON STREET, STE. 500
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	DV GROENENDIJK, PETER 316 N. BERMUDA AVE- STE 11 KISSIMMEE FL 34741	☐ Delete	TITLE D/V/T NAME STREET ADDRESS 316 N JOHN YOUNG PARKWAY SUITE 14 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MATSER, CHRIS 316 N. BERMUDA AVE - STE 11 KISSIMMEE FL 34741	☐ Delete	TITLE NAME STREET ADDRESS 316 N John Young Parkway SUITE 14 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ______________ 3/9/00 (407) 944-9515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)