

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90148 023 ***150.00

DOCUMENT # P96000087989

1. Entity Name

VANCE REALTY GROUP INC.



Principal Place of Business **1743 PARK CENTER DRIVE**
7405 GONROY-WINDERMERE RD
SUITE A SUITE 325
ORLANDO FL 32835
US

Mailing Address
P. O. BOX 1812
WINDERMERE FL 34786
US

2. Principal Place of Business

1743 PARK CENTER DRIVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

325
ORLANDO, FL

City & State

Zip

Country

Zip

Country

32835

ORANGE

4. FEI Number **59-3414106**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ANDREW L. REIFF, P.A.
135 W CENTRAL BLVD
SOUTHTRUST BANK BLDG, SUITE 720
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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	MATYAS, ARNOLD	
STREET ADDRESS	9161 PRISTINE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	V	<input type="checkbox"/> Delete
NAME	PUPKO, MARTIN	
STREET ADDRESS	9161 PRISTINE CIR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	T	<input type="checkbox"/> Delete
NAME	STERN, ARTHUR	
STREET ADDRESS	9161 PRISTINE CIR	
CITY-ST-ZIP	ORLANDO FL 32818	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		

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 607, 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03 407-352-1998

Date

Daytime Phone #

0600500 AV

CR2E034 (10/02)