

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075249

1. Entity Name

VAN DER VALK INVERNESS, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90053 046 ***150.00

Principal Place of Business

Mailing Address

~~200 E. ROBINSON ST.~~
~~SUITE 500~~
~~ORLANDO FL 32801~~

200 E ROBINSON ST
STE 500
ORLANDO FL 32801-1956

2. Principal Place of Business

3. Mailing Address

316 N. JOHN Young Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 14

City & State
Kissimmee, FL

City & State

4. FEI Number 65-0905715

Applied For
Not Applicable

Zip
34741

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA CORPORATE SUPPORT, INC.
200 E ROBINSON ST STE 500
ORLANDO FL 32801

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:

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, 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
DPS
MATSER, CHRISTIAAN G
316 N BERNUDA AVE STE 11
KISSIMMEE FL 34741 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
316 N. JOHN Young Parkway, Suite 14

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
GROGNENDIJK, PETER
316 N BERMUDA AVE STE 11
KISSIMMEE FL 34741 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
316 N. JOHN Young Parkway, Suite 14

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00

Date

(407) 944-9515

Daytime Phone #

CR2E034 (9/99)