

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075249

1. Entity Name

VAN DER VALK INVERNESS, INC.

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90178 001 *1,950.00

Principal Place of Business

Mailing Address

~~316 N. JOHN YOUNG PARKWAY~~
~~SUITE 14~~
~~KISSIMMEE FL 34741~~

~~200 E ROBINSON ST~~
~~STE 500~~
~~ORLANDO FL 32801~~

28912

2. Principal Place of Business

316 N. John Young Parkway

3. Mailing Address

P O Box 430401

Suite, Apt. #, etc.

Suite 14

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee FL

Zip

34741

Country

USA

Zip

34743

Country

USA

4. FEI Number

65-0905715

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 E ROBINSON ST STE 500
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Ideal Opportunities Inc

Street Address (P.O. Box Number if Not Acceptable)

316 N John Young Pkwy

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

Signature, type or printed name of registered agent and title if applicable.

P J Groenendijk President

3/2/01

(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 ☐ Delete
NAME
DPS
MATSER, CHRISTIAAN G
STREET ADDRESS
316 N. JOHN YOUNG PARKWAY SUIT 14
CITY-ST-ZIP
KISSIMMEE FL 34741

TITLE ☐ Delete
NAME
DVP
GROGNENDIJK, PETER
STREET ADDRESS
316 N. JOHN YOUNG PARKWAY SUITE 14
CITY-ST-ZIP
KISSIMMEE FL 34741

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
Peter J. Groenendijk
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P J Groenendijk VP

3/2/01

407 944 9515

Daytime Phone #

CR2E034 (10/00)