

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075264

1. Entity Name
VAN DER VALK, SJRR, 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 PKWY
STE 14
KISSIMMEE FL 34741

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Kissimmee FL

Zip

Country

Zip

Country

34743

USA

4. FEI Number 65-0905711

Applied For
Not Applicable

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 Ideal Opportunities Inc
Street Address (P.O. Box Number is 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

PJ Groenendijk, President

3/2/01

Signature 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MATSER, CHRISTAAN G 316 N JOHN YOUNG PKWY STE 14 KISSIMMEE FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGMANN, ROLF 358 BRANDTLEY CLUB PL. LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GROENENDIJK, PETER 316 N JOHN YOUNG PKWY STE 14 KISSIMMEE FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PJ Groenendijk VP

3/2/01

407 944 9515

DATE

Daytime Phone #

CR2E034 (10/00)