FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2002 8:00 am Secretary of State P98000075264 DOCUMENT # VAN DER VALK CABANA CLUB, INC. 02-27-2002 90241 001 *3,450.00 Principal Place of Business Mailing Address 316 N. JOHN YOUNG PKWY PO BOX 430401 10040 KISSIMMEE FL 34743 **STE 14** KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0905711 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IDEAL OPPORTUNITIES, INC. Street Address (P.O. Box Number is Not Acceptable) 316 N JOHN YOUNG PKWY **STE 14** KISSIMMEE/FL 34741 Zip Code 8. The above ity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition TITLE ☐ Delete MATSER, CHRISTIAAN G NAME NAME 316 N JOHN YOUNG PKWY STE 14 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34741 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BERGMANN, ROLF NAME NAME 358 BRANDTLEY CLUB PL. STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 CITY-ST-ZIP CITY-ST-ZIP DVP TITLE ☐ Delete TITLE Change ☐ Addition GROENENDIJK, PETER NAME NAME 316 N JOHN YOUNG PKWY STE 14 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34741 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that ion 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 indicatéd on this redo emental 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 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

SIGNATURE:

of the corporation of changed, or on an