

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90017 048 ***150.00

DOCUMENT # P99000009283

1. Entity Name
VANDAR, INC.

Principal Place of Business

P.O. BOX 6307
 STUART FL 34997

Mailing Address

P.O. BOX 6307
 STUART FL 34997

2. Principal Place of Business

2000 SE Federal Hwy

Suite, Apt. #, etc.

3. Mailing Address

1900 SW Belgrave Ter.

Suite, Apt. #, etc.

City & State

Stuart FL

City & State

Stuart FL

Zip

34995

Country

USA

Zip

34997

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0892768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TEARDO PRINZ, BETH
 1100 S. FEDERAL HIGHWAY
 STUART FL 34994**

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.

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, 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 NAME STREET ADDRESS CITY-ST-ZIP
**P MASCIA, VINCENT
 6464 SPYGLASS LANE
 STUART FL 34994** ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**ST MASCIA, ROBERTA
 6464 SPYGLASS LANE
 STUART FL 34994** ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**D STACEY, STEVEN
 1900 SW BELGRAVE TERR
 STUART FL 34997** ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**D STACEY, KATHLEEN
 1900 SW BELGRAVE TERR
 STUART FL 34997** ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP **Vice - President** ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP **President** ☒ Change ☐ Addition

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

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:

Kathleen M Stacey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-4-01 561-781-5121

Daytime Phone #

CR2E034 (10/00)