

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035942

1. Entity Name

VAN DER VALK FINANCE, INC.

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

03-31-2000 90053 044 ***150.00

Principal Place of Business

Mailing Address

316 NORTH BERMADA AVE. STE. 11
KISSIMMEE FL 34741

200 E. ROBINSON ST. STE. 500
ORLANDO FL 32801-1956

2. Principal Place of Business

316 N. JOHN YOUNG PARKWAY

3. Mailing Address

Suite, Apt. #, etc.

Suite 14

City & State
Kissimmee, FL

City & State

Zip
34741

Country
USA

Zip

Country

4. FEL Number

59-3571268

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

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 ☐ Delete
NAME D
STREET ADDRESS GROENENDIJK, PETER
CITY-ST-ZIP PO BOX 430401
KISSIMMEE FL 34743

TITLE ☒ Change ☐ Addition
NAME P/S/D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS MATSER, CHRISTIAAN
CITY-ST-ZIP 316 N. BERMUDA AVE. STE. 11
KISSIMMEE FL 34741

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00 (407) 944-9515
Date Daytime Phone #

CR2E034 (9/99)