

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25045**

1. Entity Name

VAUGHAN-HITSMAN LIMITED PARTNERSHIP III

FILED

00 MAY -4 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 6099 RIVERSIDE DR. SUITE 200 DUBLIN OH 43017
Mailing Address: 6099 RIVERSIDE DR. SUITE 200 DUBLIN OH 43017-2004

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____
Zip: _____ Country: _____
Zip: _____ Country: _____

4. FEI Number: **31-1292546**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
VAUGHAN, DOROTHY
1425 GULF OF MEXICO DRIVE D102
LONGBOAT KEY, FL 33548

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record. **\$200.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	VAUGHAN, ROGER A. 6099 RIVERSIDE DR. DUBLIN OH
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	HITSMAN, MICHAEL R. 6099 RIVERSIDE DR. DUBLIN OH
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	VAUGHAN, DOROTHY A. 6099 RIVERSIDE DR. DUBLIN OH
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	800003297178--2 -06/20/00--01050--032 *****70.62 *****70.62
STREET ADDRESS CITY - ST - ZIP	800003297178--2 -06/20/00--01050--033 *****70.63 *****70.63
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Michael R. Hitsman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-7-2000
Date
604-889-6600
Daytime Phone #