

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000002209**

1. Entity Name

VAUGHN FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**201 NORTH FRANKLIN STREET, SUITE 2200
TAMPA FL 33602**

Mailing Address

**P.O. BOX 781
BRANDON FL 33509-0781**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33606

USA

4. FEI Number

59-7168778

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

KELLY, PETER J ESQ.

**201 NORTH FRANKLIN STREET, SUITE 2200
TAMPA FL 33602**

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. Capital Contributions as Shown on record.

\$9,250,100.00

10. Amount of Capital Contributions in FLORIDA to date.

\$9,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAUGHN, ROBERT E
P.O. BOX 781
BRANDON FL 33509-0781**

STREET ADDRESS
CITY-ST-ZIP
**67 Ladoga Ave.
Tampa, FL 33606**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAUGHN, FRANCES C
P.O. BOX 781
BRANDON FL 33509-0781**

STREET ADDRESS
CITY-ST-ZIP
**67 Ladoga Ave.
Tampa, FL 33606**

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ROBERT E. VAUGHN

Date

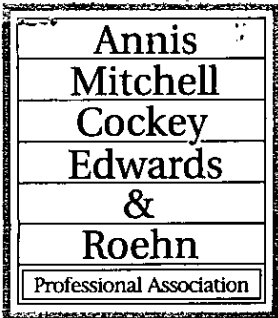
Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 25 PM 4: 08



DO NOT WRITE IN THIS SPACE

CR2E003 (5/00)



A99000002209

(2)

One Tampa City Center
2nd Floor
P.O. Box 3433 (Zip 33601)
Tampa, Florida 33602
Telephone: (813) 229-3321
Facsimile: (813) 223-9067

kruss@annislaw.com

August 23, 2000

PERSONAL & CONFIDENTIAL

Mr. Buck Kohr
Registration Section
Division of Corporations
Florida Secretary of State
Post Office Box 6327
Tallahassee, Florida 32314

RE: Vaughn Family Limited Partnership
Document No. A99000002209
Our File No: 10452-001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 25 PM 4: 08

Dear Buck:

Enclosed please find an original and one copy of the 2000 Uniform Business Report form for Vaughn Family Limited Partnership, along with our client's check in the amount of \$526.25. We would appreciate your consideration of our request to remove the late fee as our client believes that she did not receive the first notice for the filing.

If the filing is acceptable, please provide us with a "Filed" stamped copy of the form. We have also enclosed a postage paid, preaddressed envelope for your use in returning the stamped copy.

If you have any questions, please let me know. Thank you again for your assistance with this matter.

Sincerely,

Katherine Russell
Legal Assistant

KLR:gh
Enclosures
#740837 v1 - 10452-001