2001 UNIFORM BUSINESS REPORT (UBR)

0009305 AF

DOCUMENT # A99000002209

1. Entity Name

VAUGHN FAMILY LIMITED PARTNERSHIP

FILED
'01 MAR 28 AM 7:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
201 NORTH FRANKLIN STREET, SUITE 2200 TAMPA FL 33602	67 LADOGA AVENUE TAMPA FL 33606

2. Principal Place of Business		3. Mailing Address	
P.O.Box 3333			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tampa, FL		City & State	
Zip: 33601-3333	Country: USA	Zip	Country

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: Peter Kelly J. Esq. Street Address (P.O. Box Number is Not Acceptable): ~~100 S. Ashley Dr. Suite 1300~~ City: Tampa FL Zip Code 33601

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$9,250,100.00	$9,250,100.00	

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 67 LADOGA AVE. TAMPA FL 33606	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	VAUGHN, FRANCES C 67 LODOGA AVE. TAMPA FL 33606	STREET ADDRESS CITY-ST-ZIP	~~700003360997 2~~ -04/05/01--01075--003 ****526.25 ****526.25
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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] 3/26/01 813/259-1107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Robert E. Vaughn Gen. Partner

CR2E003 (11/00)