

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90045 030 \*\*\*150.00

**DOCUMENT # M77083**

1. Entity Name  
**VANGUARD PAPER COMPANY**

|  |   |
|--|---|
| Principal Place of Business<br>2517 SHADER DR<br>UNIT 3<br>ORLANDO FL 32854-0060<br>US | Mailing Address<br>P.O. BOX 540060<br>ORLANDO FL 32854-0060<br>US |
|--|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |  |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-2881659</b>                           |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b> |  |
| Zip                            | Country | Zip                 | Country |   |  |                                       |  |

|  |  |  |  |  |  |  |  |    |          |
|--|--|--|--|--|--|--|--|----|----------|
| 6. Name and Address of Current Registered Agent  |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |    |          |
| <b>VOORHEES, HARRISON K. T., II</b><br><b>901 PACE AVE</b><br><b>MAITLAND FL 32751</b> |  |  |  | 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. 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                      | PD                              | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VOORHEES, HARRISON K.T.II       |                                 | NAME  |  |   |
| STREET ADDRESS             | 901 PACE AVENUE                 |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | MAITLAND FL                     |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | <i>E</i> VOORHEES, CATHERINE L. | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 |                                 | NAME  |  |   |
| STREET ADDRESS             | 901 PACE AVENUE                 |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | MAITLAND, FL 32751              |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                 | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 |                                 | NAME  |  |   |
| STREET ADDRESS             |                                 |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                 |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                 | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 |                                 | NAME  |  |   |
| STREET ADDRESS             |                                 |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                 |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                 | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 |                                 | NAME  |  |   |
| STREET ADDRESS             |                                 |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                 |                                 | 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 Date: 4/14/00 Daytime Phone #: 407-297-7756

CR2E034 (9/99)