

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90114 036 ***150.00

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DOCUMENT # M77083

1. Entity Name
VANGUARD PAPER COMPANY

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

140001



DO NOT WRITE IN THIS SPACE

| | |
|--|--------------------|
| 2. Principal Place of Business 2517 SHADEN RD. | 3. Mailing Address |
|--|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | |
|---------------------------------|----------------|
| 4. FEI Number 59-2881659 | Applied For |
| | Not Applicable |

| | | | | | |
|-----|---------|-----|---------|---|---------------------------------------|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----|---------|-----|---------|---|---------------------------------------|

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VOORHEES, HARRISON K. T., II
 901 PACE AVE
 MAITLAND FL 32751**

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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 _____
Signature, typed or printed name of registered agent and title if applicable.

| | | | |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|--|
| TITLE NAME PD VOORHEES, HARRISON K.T.II STREET ADDRESS 901 PACE AVENUE CITY-ST-ZIP MAITLAND FL | <input type="checkbox"/> Delete | TITLE NAME P/D/I/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME S VOORHEES, CATHERINE L STREET ADDRESS 901 PACE AVE CITY-ST-ZIP MAITLAND FL 32751 | <input type="checkbox"/> Delete | TITLE NAME V/S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: H. K. VOORHEES II (407) 297-7756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)