

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S05731

1. Entity Name

THE VANGUARD MANAGEMENT GROUP, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90109 001 ***300.00

Principal Place of Business

Mailing Address

8737 TEMPLE TERRACE HWY
TAMPA FL 33637
US

8737 TMEPLE TERRACE HWY
TAMPA FL 33612-8698
US

2. Principal Place of Business

3. Mailing Address

9300 N. 16th Street
Suite, Apt. #, etc.

same
Suite, Apt. #, etc.

City & State
Tampa FL

City & State

4. FEI Number 59-3029446

Applied For
Not Applicable

Zip
33612

Country

Zip

Country

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

MOYER, ROBERT J JR
8737 TEMPEL TERRACE HWY
TAMPA FL 33637

Name
9300 N. 16th Street
Street Address (P.O. Box Number is Not Acceptable)

City Tampa FL Zip Code 33612

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 Bob Moyer Pres 1-6-00

Signature, typed or printed name of registered agent and title if applicable.

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MOYER, ROBERT
8755 TEMPLE TERRACE HIGHWAY
TAMPA FL 33637 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MOYER, JANET S
8755 TEMPLE TERRACE HIGHWAY
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Bob Moyer
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)