

# 2001 UNIFORM BUSINESS REPORT (UBR)

001618 AF

**DOCUMENT #** A00000000116

**1. Entity Name**  
SHADOW LAKES ORMOND, LTD.

**FILED**  
01 APR 30 PM 6:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
444 SEABREEZE BLVD., SUITE 900  
DAYTONA BEACH FL 32118

**Mailing Address**  
444 SEABREEZE BLVD., SUITE 900  
DAYTONA BEACH FL 32118



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number** ☐ **Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
HOOD, CHARLES D JR.  
444 SEABREEZE BLVD., SUITE 900  
DAYTONA BEACH FL 32118

**7. Name and Address of New Registered Agent**  
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. Capital Contributions as Shown on record.** \$1,400,000.00 **10. Amount of Capital Contributions in FLORIDA to date.** **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**

DOCUMENT #	VANGUARD INVESTMENT PROPERTIES, LLC
NAME	444 SEABREEZE BLVD., SUITE 900
STREET ADDRESS	DAYTONA BEACH, FL 322 32118
CITY-ST-ZIP	
DOCUMENT #	L01006005358
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	200004213642--2
CITY-ST-ZIP	-05/11/01--01153--009
STREET ADDRESS	****526.25 ****526.25
CITY-ST-ZIP	3/1
STREET ADDRESS	5/11
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** Sarah D Vandegriff **DATE:** 4/25/01 **Daytime Phone #:** 386/6729080

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

CB2E003 (11/00)