

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007857 AT

**DOCUMENT # A27076**

1. Entity Name

**THE VINEYARD PARTNERS, LTD.**

FILED

02 JAN 11 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1941 ARBOR WAY  
MOUNT DORA FL 32757

Mailing Address

1941 ARBOR WAY  
MOUNT DORA FL 32757



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number **59-2935000**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**VASON, ROBERT F., JR.**  
**225 W. FIFTH AVE.**  
**MOUNT DORA FL 32757**

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

9. Capital Contributions as Shown on record. **\$500,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>MOULDER, LARRY</b> <b>2101 ARBOR WAY</b> <b>MOUNT DORA FL</b>	STREET ADDRESS	<b>100004782831--3</b> <b>-01/18/02-01003-022</b> <b>*****526.25 *****526.25</b>
NAME		CITY-ST-ZIP	
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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:** *Larry Moulder* **1/9/02 (352)383-5055**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)