

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002373**

1. Entity Name

**SANFORD VEHICLES FAMILY LIMITED PARTNERSHIP**

Principal Place of Business

**4477 CIARCONA OCDEE ROAD  
ORLANDO FL 32810**

Mailing Address

**4477 CIARCONA OCDEE ROAD  
ORLANDO FL 32810**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2110 GENOVA DR**

Suite, Apt. #, etc.

3. Mailing Address

**2110 GENOVA DR**

Suite, Apt. #, etc.

City & State

**OVIEDO, FL**

City & State

**OVIEDO, FL**

Zip

**32765**

Country

**USA**

Zip

**32765**

Country

4. FEI Number

**59-3510007**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SANFORD, BRIAN J  
2110 GENOVA DRIVE  
OVIEDO FL 32765-7226**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$6,500.00**

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 # **H77101**  
NAME **PRESTIGE FENCE, INC.**  
STREET ADDRESS **4477 CIARCONA OCDEE ROAD**  
CITY - ST - ZIP **ORLANDO FL 32810**

DOCUMENT #  
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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**2110 GENOVA DR**

CITY - ST - ZIP

**OVIEDO, FL 32765**

STREET ADDRESS

**7000003251687--7**

CITY - ST - ZIP

**-05/12/00--01146--019**

**\*\*\*141.25 \*\*\*141.25**

STREET ADDRESS

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:

**Brian J Sanford**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

**4-17-00**

Daytime Phone #

**407  
291-1101**

CP2E013 (9/99)