

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # AG8000002071

1. Entity Name
VILAS INVESTMENT SERVICES LIMITED PARTNERSHIP

Principal Place of Business Mailing Address
18520 OCEAN MIST DRIVE
BOCA RATON, FL 33498

2. Principal Place of Business 3. Mailing Address
SAME AS ABOVE SAME AS ABOVE

Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED
00 JUL 10 PM 3:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA
7/17

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number 59-3525015 Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent FLORIDA TRUST SERVICES

7. Name and Address of New Registered Agent
Name Sverett Bondurant
Street Address (P.O. Box Number is Not Acceptable) 1 SAN JOSE PLACE
#17
City JACKSONVILLE FL Zip Code 32257

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 Sverett Bondurant 1-28-99
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. 10. Amount of Capital Contributions 114,524.00 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 # NAME STREET ADDRESS CITY-ST-ZIP	<u>IRINA D. LIVSCHUTZ</u>	STREET ADDRESS CITY-ST-ZIP	<u>18520 OCEAN MIST DRIVE</u> <u>BOCA RATON, FL 33498</u>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<u>300003327113--8</u> <u>-07/19/00--01013--001</u> <u>*****526.25 *****526.25</u>
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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: [Signature] 5/8/00 (561)654-3117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/19)