

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002495

1. Entity Name
VCP-SARASOTA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business
**3020 Hartley Road, Ste. 300
Jacksonville, FL 32257**

Mailing Address
**3020 Hartley Road, Ste. 300
Jacksonville, FL 32257**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3020 Hartley Road

3. Mailing Address
3020 Hartley Road

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number **59-3541508**

Applied For
 Not Applicable

Zip **32257** Country **USA**

Zip **32257** Country **USA**

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

**FARRELL, MARK T
3020 Hartley Road, Ste. 300
Jacksonville, FL 32257**

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 **April 4, 2000**

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. **\$7,000.00**

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 # **P98000093430**
NAME **VCP-SARASOTA, INC.**
STREET ADDRESS **3030 HARTLEY ROAD, SUITE 100**
CITY - ST - ZIP **JACKSONVILLE FL 32257**

STREET ADDRESS **3020 Hartley Road, Ste. 300**
CITY - ST - ZIP **Jacksonville, FL 32257**

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

April 4, 2000

Date

(904) 260-3030

Daytime Phone #