

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007312 AT

DOCUMENT # **A99000000185**

1. Entity Name

**VIRTUAL BUSINESS NETWORK, LTD.**

FILED

02 MAY -1 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**5200 NEWBERRY ROAD, SUITE D-9  
GAINESVILLE FL 32607**

Mailing Address

**5200 NEWBERRY ROAD, SUITE D-9  
GAINESVILLE FL 32607**

2. Principal Place of Business

**418 SW 140th Terrace**

3. Mailing Address

Suite, Apt. #, etc.

**Same**

City & State

**Newberry, FL**

Zip

Country

**32669**

Country

**USA**

**DUE BY MAY 1, 2002**

4. FEI Number

**59-3564703**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MCCOY, GERALD H JR.**

**5200 NEWBERRY ROAD, SUITE D-9  
GAINESVILLE FL 32607**

7. Name and Address of New Registered Agent

Name

**H. Thomas Lane, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**418 SW 140th Terrace**

City

**Newberry**

FL

Zip Code

**32669**

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

**102 L**

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

**4/30/02**

DATE

9. Capital Contributions  
as Shown on record.

**\$3,500,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**3,500,000**

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 # **P98000028261**  
NAME **VIRTUAL BUSINESS NETWORK, INC.**  
STREET ADDRESS **5200 NEWBERRY ROAD, SUITE D-9**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**700005506027--4**

**05/13/02--01047--025**

**\*\*\*\*526.25 \*\*\*\*526.25**

DOCUMENT #

NAME

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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:

**102 L**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/30/02 352-331-6262**

Date

Daytime Phone #

CR2E003 (9/01)