

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **A99000001005**

1. Entity Name
RICHARD VAUGHAN ASSOCIATES, LTD.

00 MAR 30 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/7

Principal Place of Business C/O RICHARD VAUGHAN ASSOCIATES, INC. 1848 SOUTHPOINTE DRIVE SARASOTA FL 34231	Mailing Address C/O RICHARD VAUGHAN ASSOCIATES, INC. 1848 SOUTHPOINTE DRIVE SARASOTA FL 34231-5338
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0927866	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HECKER, SUSAN B 200 SOUTH ORANGE AVENUE SARASOTA FL 34236		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. \$990.00	10. Amount of Capital Contributions in FLORIDA to date. \$990.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	P99000055648 RICHARD VAUGHAN ASSOCIATES, INC. 1848 SOUTHPOINTE DRIVE SARASOTA FL 34231	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	200003204942-5
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	-04/11/00--01144--017
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	***141.25 ***141.25
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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: *R. Vaughan* **RICHARD VAUGHAN** 3/14/00 941-924-3734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CRZE003 (9/99)