

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001227**

1. Entity Name
DIXON INVESTORS, LTD.

Principal Place of Business
**101 SEABREEZE BLVD., #105
DAYTONA BEACH FL 32118**

Mailing Address
**101 SEABREEZE BLVD., #105
DAYTONA BEACH FL 32118-4046**

FILED

00 MAY -2 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO Box 4235
Suite, Apt. #, etc.

City & State

City & State
Ormond Beach, FL

4. FEI Number
59-3590782

Applied For
Not Applicable

Zip Country

Zip Country
32175 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

**LOUCKS, WILLIAM E
444 SEABREEZE BLVD., SUITE 900
DAYTONA BEACH FL 32118**

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. **\$22,000.00**

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 # **P93000045972**
NAME **VANGUARD COMMERCIAL REALTY, INC.**
STREET ADDRESS **101 SEABREEZE BLVD., #105**
CITY - ST - ZIP **DAYTONA BEACH FL 32118**

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP **154-18**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
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STREET ADDRESS
CITY - ST - ZIP **300003287893-1
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STREET ADDRESS
CITY - ST - ZIP *****242.75 ***242.75**

DOCUMENT #
NAME
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: *[Signature]* DATE: **4/25/00** DAYTIME PHONE #: **672-9080**