

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001763**

1. Entity Name

SANCOR, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 12 AM 10:02

Principal Place of Business
16350 BRUCE B. DOWNS BLVD., #46303
TAMPA FL 33647

Mailing Address
16350 BRUCE B. DOWNS BLVD., #46303
TAMPA FL 33647



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **SA-3607904** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, VINCENT A
8903 REGENTS PARK DRIVE, SUITE 110
TAMPA FL 33647

7. Name and Address of New Registered Agent

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. **\$60,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **60.000** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000008874	STREET ADDRESS	
NAME	RAYGON ENTERPRISES INC.	CITY-ST-ZIP	800003398658--1
STREET ADDRESS	16350 BRUCE B. DOWNS BLVD., #46303		-09/20/00--01007--002
CITY-ST-ZIP	TAMPA FL 33647		***508.75 ***508.75
DOCUMENT #		STREET ADDRESS	
NAME		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:

SIGNATURE REQUIRED
[Signature] **Raygon Ent Inc G.P.** 9/12/00 813 672-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/00)