

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018829 AB

DOCUMENT # B99000000017

1. Entity Name

V BAR 2 LIMITED PARTNERSHIP

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 1994  
OKEECHOBEE FL 34973

Mailing Address

25734 WEST EAMES ST.  
CHANNAHON IL 60410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4262346

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICHARD V. NEILL, JR.  
311 SOUTH SECOND ST.  
FT. PIERCE FL 34950

7. Name and Address of New Registered Agent

Name

JERRY E. ARON, ESQ.

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

250 S. Australian Avenue

9th Floor

City

West Palm Beach

FL

Zip Code

33401

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

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.

\$14,200,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$0.00

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 # F98000007068  
NAME FI FARMS, INC.  
STREET ADDRESS 25734 WEST EAMES ST.  
CITY-ST-ZIP CHANNAHON IL 60410

STREET ADDRESS

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

FI FARMS, INC.

SIGNATURE: By:

*Judith Freund Vavrus*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Judith Freund Vavrus, President

4/6/01

Date

815 467-6780

Daytime Phone #

CR2E003 (11/00)