

APPROVED
AND
FILED

2001 UNIFORM BUSINESS REPORT (UBR)

01 FEB 26 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000014900**
1. Entity Name
VED CAPITAL HOLDINGS 2000 U, L.L.C.

Principal Place of Business
**1551 SANDSPUR ROAD
MAITLAND, FL 32751**

Mailing Address
**P.O. BOX 4961
ORLANDO, FL 32802**

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

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**B+C CORPORATE SERVICES OF CENTRAL
FLORIDA, INC.
390 N. ORANGE AVENUE, SUITE 1100
ORLANDO, FL 32801**

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 re-registering) DATE _____

FILE MONTHLY FEE IS \$5.00
300003783373
-02/27/01-01117-003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BROCK, JAY P.	
STREET ADDRESS	1551 SANDSPUR ROAD	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GINSBURG, ALAN H.	
STREET ADDRESS	1551 SANDSPUR ROAD	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SCIARRINO, MICHAEL J.	
STREET ADDRESS	1551 SANDSPUR ROAD	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	DOODY, TRICIA	
STREET ADDRESS	1551 SANDSPUR ROAD	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **TRICIA DOODY, MANAGER** **2-19-01** **407/741-8500**

CR2E083 (1/1/00)