

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000249

1. Entity Name

VERO INVESTMENTS, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 21 AM 11:02



DO NOT WRITE IN THIS SPACE

Principal Place of Business

10075 SOUTH FEDERAL HIGHWAY #160  
PORT ST. LUCIE FL 34952-5614

Mailing Address

10075 SOUTH FEDERAL HIGHWAY #160  
PORT ST. LUCIE FL 34952-5614

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

59-3310774

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILY, JAY E

46 N. WASHINGTON, SUITE 13  
SARASOTA FL 34236-5928

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MULLINS, CHARLES R  
1600 FRONT ST., SUITE 300  
RICHLANDS VA 24641 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500003409645--8  
-09/29/00--01057--010  
\*\*\*\*\*55.00 \*\*\*\*\*55.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
TATUM, ROBERT A  
2200 FRONT STREET  
RICHLANDS VA 24641 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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11. 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 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9/11/00

Date

540/963-1072

Daytime Phone #

CR2E083 (5/00)