Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

					<del></del>				
DOCUMENT # L9500000660  1. Entity Name VECTOR INVESTMENT OF MANATEE, L.C.						FILED:			
						OI FEB 23 PM 2: 23			
	e of Business . AVE STE. 200 URG FL 33701	Mailing Address 526 CENTRAL AVE STE. 200 ST. PETERSBURG FL 33701				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
/									
2. Principal Pl	ace of Business	3. Mailing Address	J. Mailing Address			<b>                                  </b>			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	)	City & State			4. FEIN	Number 59-3333058		oplied For ot Applicable	
Zip	Country	Zip	ip Coun		5. Certificate of Status Desired Specificate of Status Desired Fee Required				
	6. Name and Address of Current	Registered Agent			7. Nam	e and Address of New Regis	tered Agent		
Na									
HERETICK, KENNETH W 526 CENTRAL AVENUE, SUITE 200 ST. PETERSBURG FL 33701				Street Address (P.O. Box Number is Not Acceptable)					
OI. FEIE	HODDING TE SOTOT			City			FL Zip Cod	e	
• The above	named entity submits this statement for	the nurnose of changing it	ts renister	ed office or re	egistered agent	or both, in the State of Florida.	<del> </del>		
o. The above	rained shary subtrino the diatornone to	and parpood or animaging .		• • • • • • • • • • • • • • • • • • • •	- g				
SIGNATURE _							DATE		
	Signature, typed or printed name of registered agent a	nd title if applicable. (NC	TE: Register	ed Agent signature	required when reinstat	·			
		FILE I Make Check F		FEE IS \$5 to Departm		8000037 -02/27/0 ******50		-016 -50.00	
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/CHA	ANGES		
TITLE	MEM	Delete	TITI				☐ Change	☐ Addition	
NAME	PARKER, JEFFREY J		NAI	ME					
STREET ADDRESS	1240 DARLINGTON OAK CIRCLE	NE	1	EET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL		CIT	Y-ST-ZIP					
TITLE	MEM	☐ Delete	TITU				Change	☐ Addition	
NAME STREET ADDRESS	HELLINGER, RON 19 Paradise LN.		NAM STR	ME EET ADDRESS					
CITY-ST-ZIP	TREASURE ISLAND FL 33706	**		Y-ST-ZIP	-				
TITLE	MEM	☐ Delete	TIT	.E			Change	☐ Addition	
NAME	BURSIK, PETER D		NAF					ļ	
STREET ADDRESS	526 CENTRAL AVE., STE. 200			EET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL 33701			Y-ST-ZIP				- Addition	
TITLE	MEM HERETICK, KENNETH W	☐ Delete	TITI NAN			Λ	☐ Change	Addition	
NAME STREET ADDRESS	526 CENTRAL AVE., STE. 200			EET ADDRESS		ノル		ļ	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	•	CIT	Y-ST-ZIP		//			
TITLE		☐ Delete	TIT	.E		•	☐ Change	☐ Addition	
NAME			NAM					ļ	
STREET ADDRESS				EET ADDRESS Y-ST-ZIP					
CITY-ST-ZIP		<u> </u>					Change	☐ Addition	
TITLE NAME		☐ Delete	TIT				Change		
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP		•		Y-ST-ZIP					
indicated	ertify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall hav	e the sam	ie legal effect	as it made unde	er oath; that I am a managing	her certify that the i member or manage	nformation er of the	
	$\sim$	1.0							

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE