

2000 UNIFORM BUSINESS REPORT (UBR)

0010764 AF

DOCUMENT # L98000003237

1. Entity Name
VGIP ASSOCIATES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 17 AM 10:20

Principal Place of Business
1532 - 1562 S.E. VILLAGE GREEN DR.
PORT ST. LUCIE FL 34952

Mailing Address
% SOUTHCOAST, INC.
PO BOX 3059
STUART FL 34995-3059



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 13-4035502 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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 / MEMBERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DAVIS, BARRY M	
STREET ADDRESS	301 FIELDS LANE	
CITY-ST-ZIP	BREWSTER NY 10509	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GAMAR, PETER	
STREET ADDRESS	301 FIELDS LANE	
CITY-ST-ZIP	BREWSTER NY 10509	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

PETER D. GAMAR

2-4-00

914-276-3938

Date

Daytime Phone #

CR2E083 (9/99)