

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001056

1. Entity Name

VISION 2000 PARTNERS, LTD., LLC

**FILED**

01 SEP 20 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~250 ALTAMONTE COMMERCE BLVD.  
ALTAMONTE SPRINGS FL 32714~~

250 ALTAMONTE COMMERCE BLVD.  
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

650 Douglas Ave

650 Douglas Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 1020

# 1020

City & State

City & State

Altamonte Springs FL

Altamonte Springs, FL

Zip

Country

Zip

Country

32714

USA

32714

USA

4. FEI Number

86-0889405

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

~~GILEG, SCOTT B~~  
650 DOUGLAS AVENUE  
#1020  
ALTAMONTE SPRINGS FL 32714

Name

Randy Ray

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

650 Douglas Ave #1020

Altamonte Springs

City

FL

Zip Code

32714

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

*Randy Ray*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State  
Due By September 26, 2001

600004623916--0  
-10/04/01--01069--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	RAY, RANDY	650 DOUGLAS AVE., #1020	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
MGRM	WARREN, RICHARD	546 SOUTH LONGVIEW PLACE	LONGWOOD FL 32779	<input type="checkbox"/>
MGRM	LEWIS, WENDY	256 NEWGATE LOOP	HEATHROW FL 32746	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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:

*Randy Ray*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CP2E083 (5/01)