

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31004

1. Entity Name

THE THOMAS J. VINCENT FOUNDATION, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90079 046 ****61.25

Principal Place of Business
C/O V. KEITH YOUNG
200 SOUTH ORANGE AVENUE, SUITE 2300
ORLANDO FL 32801

Mailing Address
C/O V. KEITH YOUNG
200 SOUTH ORANGE AVENUE, SUITE 2300
ORLANDO FL 32801-3455



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2955378		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
YOUNG, V. KEITH 200 SOUTH ORANGE AVENUE SUITE 2300 ORLANDO FL 32801				Name -			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VINCENT, THOMAS J.			NAME			
STREET ADDRESS	225 OVERBROOK DR.			STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VINCENT, THOMAS J.			NAME			
STREET ADDRESS	225 OVERBROOK DR.			STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, V K			NAME			
STREET ADDRESS	200 SOUTH ORANGE AV#2300			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALL, G THOMAS			NAME			
STREET ADDRESS	363 E LAKE SUE AVE			STREET ADDRESS			
CITY-ST-ZIP	WINT PARK FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYO, STEPHEN			NAME			
STREET ADDRESS	8805 VILLAGE GREEN BLVD.			STREET ADDRESS	1822 Bimini Drive		
CITY-ST-ZIP	CLERMONT FL			CITY-ST-ZIP	Orlando, FL 32804		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN HAYO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: April 24, 2000 Daytime Phone #: 407-628-4755

CR2E037 (9/99)