

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000045972**

1. Entity Name

**VANGUARD COMMERCIAL REALTY, INC.****FILED****May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90135 034 \*\*\*150.00

Principal Place of Business

Mailing Address

**101 SEABREEZE #105  
DAYTONA BEACH FL 32118  
US****P.O. BOX 4235  
ORMOND BEACH FL 32175-4235  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3194510**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HOOD, CHARLES D JR  
MONACO, SMITH, HOOD, PERKINS ET AL  
444 SEABREEZE BLVD, SUITE 900  
DAYTONA BEACH FL 32118**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME                   | STREET ADDRESS              | CITY-ST-ZIP      | <input type="checkbox"/> Delete |
|-------|------------------------|-----------------------------|------------------|---------------------------------|
| P     | VANDAGRIFF, SARAH      | POST OFFICE BOX 4235        | ORMOND BEACH FL  | <input type="checkbox"/>        |
| VP    | DAVIS SR., BENJAMIN R. | 4 WATERFRONT COURT          | ORMOND BEACH FL  | <input type="checkbox"/>        |
| S     | GOODEARLY, MARY ANN    | 1816 TRAVELERS PALM DRIVE   | EDGEWATER FL     | <input type="checkbox"/>        |
| T     | JONES, ELSE            | 600 SEABREEZE BLVD, STE 105 | DAYTONA BEACH FL | <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"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)