

2001 UNIFORM BUS . SS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91184 005 ***150.00

DOCUMENT # P96000080929

1. Entity Name
VBS HOLDING CORP.

Principal Place of Business Mailing Address
200 EAST LAS OLAS BLVD **200 EAST LAS OLAS BLVD**
SUITE 1800 **SUITE 1800**
FORT LAUDERDALE FL 33301 **FORT LAUDERDALE FL 33301**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1900 **Suite 1900**
 City & State City & State

Zip Country Zip Country

4. FEI Number **65-0724101** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRINKLEY, W. MICHAEL
200 EAST LAS OLAS BLVD
SUITE 1800
FORT LAUDERDALE FL 33301

Name **W. Michael Brinkley**
 Street Address (P.O. Box Number is Not Acceptable) **200 E. Las Olas Boulevard, Suite 1900**
 City **Fort Lauderdale** **FL** Zip Code **33301**

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 *W. Michael Brinkley* **W. Michael Brinkley** **04/27/01**
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, 2001 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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULKNER, CHARLES O		NAME		
STREET ADDRESS	3023 LUCANN		STREET ADDRESS		
CITY-ST-ZIP	CARMEL IN 46033		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUALMANN, DONNA		NAME		
STREET ADDRESS	P O BOX 460		STREET ADDRESS		
CITY-ST-ZIP	LAKE TOXAWAY NC 28747		CITY-ST-ZIP		
TITLE	DRO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, RICHARD B III		NAME		
STREET ADDRESS	4951 SW 5 ST		STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33068		CITY-ST-ZIP		
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		
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		
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		

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: *Richard B. Wiggins III* **Richard B. Wiggins III** **4/27, 2001** **954-522-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR