2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
01-29-2001 90180 045 ***150.00

DOCUMENT # P97000038920

1. Entity Name
JIMMIE VAUGHT REALTY, INC.

Principal Place of Business	Mailing Address
5405 DIPLOMAT CIRCLE SUITE 230 ORLANDO FL 32810	5405 DIPLOMAT CIRCLE SUITE 230 ORLANDO FL 32810

C0011256

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
631 E. Lake Sue Ave.		631 E. Lake Sue Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Winter Park, FL		City & State: Winter Park, FL	
Zip: 32789	Country: Orange	Zip: 32789	Country: Orange

4. FEI Number 59-3444260 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~BAXTER, RICHARD D~~
~~1155 LOUISIANA AVE STE 100~~
~~WINTER PARK FL 32789~~

7. Name and Address of New Registered Agent

Name: Jimmie S. Vaught
Street Address (P.O. Box Number is Not Acceptable): 631 E. Lake Sue Ave.
City: Winter Park, FL **FL** Zip Code: 32789

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: Jimmie S. Vaught/President [signature] DATE: 1/18/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VAUGHT, JIMMIE S		NAME		
STREET ADDRESS	5405 DIPLOMAT CIRCLE, SUITE 230		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: Jimmie S. Vaught, President [signature] 1/18/01 407-647-1362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #