

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000084572**1. Entity Name
VCF, INC.**FILED****Mar 21, 2001 8:00 am**
Secretary of State

03-21-2001 90059 010 ***150.00

00000101



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4505 WOODCOVE DRIVE ATTN VORHIES PORT ORANGE FL 32127	Mailing Address 4505 WOODCOVE DRIVE ATTN VORHIES PORT ORANGE FL 32127
---	---

2. Principal Place of Business 8005 LAKE DR Suite, Apt. #, etc.	3. Mailing Address 8005 LAKE DR Suite, Apt. #, etc.
---	---

City & State PALMETTO, FL	City & State PALMETTO, FL
Zip 34221	Country MANATEE

4. FEI Number 59-3543439	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VORHIES, MARIANNE B 4505 WOODCOVE DRIVE PORT ORANGE FL 32127	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8005 LAKE DR City PALMETTO FL Zip Code 34221
---	--

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$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	PS VORHIES, MARIANNE B 4505 WOODCOVE DRIVE PORT ORANGE FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8005 LAKE DR PALMETTO, FL. 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VORHIES, MICHAEL L 4505 WOODCOVE DRIVE PORT ORANGE FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8005 LAKE DR PALMETO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	Marianne Vorhies	4/1/01	941-729-6434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

0001/150

CR2E034 (10/00)