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

DOCUMENT # P9900055648  1. Entity Name RICHARD VAUGHAN ASSOCIATES, INC.						FILED 00 MAR 20 PM 4: 35			
Principal Plac	e of Business	Mailing Address				SECRETARY OF S TALLAHASSEE, FL	TATE		
1848 SOUTHPOINTE DRIVE SARASOTA FL 34231		1848 SOUTHPOINTE DRIVE SARASOTA FL 34231-5338			H	TÄLLAHASSEE, FL	UHIDA		
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt #, etc.		Suite, Apt. #, etc.			DO NOT WRITE II	N THIS SPACE			
City & State		City & State		4. FE	El Number 5 - 0927	$IOI \square \longmapsto$	oplied For ot Applicable		
Zip	Country	Žip	Cour	itry	<b>5.</b> Ce	ertificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current R	egistered Agent	٠.	N	7. Na	ame and Address of New Regi	<u></u>	-	
Name									
HECKER, SUSAN B 200 SOUTH ORANGE AVE				Street Address (P.O. Box Number is Not Acceptable)					
SAR	ASOTA FL 34236			-04/11/0001095003					
				City		****150。	UFL*****Lod	<b>i.</b> 00	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered  FILE NOW!!! FEE I  After MAY 1, 2000 Fee W  Make Check Payable to De				will be \$550.00	)	Election Campaign Financ     Trust Fund Contribution.		00 May Be d to Fees	
11.	OFFICERS AND D		12.			ITIONS/CHANGES TO OFFICE		_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		EET ADDRESS	R ICH 1848	HES VAUGHAY SOUTH POINTE ]	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•		3ATC/	130A PC 3463	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- Delete	4		HEIL 848 BARA	SOUTHPOINTE DR SOUTHPOINTE DR SOITH FC 34231	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		E		•	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		E EET ADDRESS -ST-ZIP	V RICH 3886 5AR	HAW E. ALLEN EASTON ST CASOM FC 342	JR Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		E			☐ Change	☐ Addition	
13. I hereby of indicated of the corrections of the	certify that the information supplied with to an this report or supplemental report is poration or the receiver or trystee empore, or on an attactmeent with an address, w	this filing does not qualify for true and accurate and that n wered to execute this report that other like empowered	r the exe ny signa as requi	mption stated in ture shall have th red by Chapter 6	Section 1 le same le 607, Florid	19.07(3)(i), Florida Statutes. I fur gal effect as if made under oath a Statutes; and that my name ap	ther certify that the i i; that I am an officer opears in Block 11 o	Information or director or Block 12 if	