

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080424

1. Entity Name

VG SOUTHCAP PROPERTIES, INC.

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90085 012 ***550.00

Principal Place of Business

2359 TREASURE ISLE DR. A39
PALM BEACH GARDENS FL 33410

Mailing Address

2359 TREASURE ISLE DR. A39
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

13141 NW 19 PLACE

3. Mailing Address

13141 NW 19 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

65-0948946

Applied For

Not Applicable

Zip

Country

32606

Zip

Country

32606

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

WELLER, GLENN R

2359 TREASURE ISLE DR, A39
PALM BEACH GARDENS FL 33410

Name

GARY W. MYERS

Street Address (P.O. Box Number is Not Acceptable)

13141 NW 19 PLACE

City

GAINESVILLE

FL

Zip Code

32606

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

Glenn R. Weller Glenn R. Weller

8/1/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WELLER, GLENN R
2359 TREASURE ISLE DR, A39
PALM BEACH GARDENS FL 33410

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MYERS, GARY
13141 NW 19TH PL
GAINESVILLE FL 32606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

Glenn R. Weller DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/00 (561) (59) -9189
Date Daytime Phone #

CR2E034 (5/00)