## 2000 UNIFORM BUSINESS REPORT (UBR)

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|  |   |                                     |                         |                                       |  | •   |                                |                           |  |
|--|---|-------------------------------------|-------------------------|---------------------------------------|--|---|--------------------------------|---------------------------|--|
| DOCUMENT # <b>V72426</b>   |   |                                     |                         |                                       |  |   |                                |                           |  |
| 1. Entity Name   |   |                                     |                         |                                       | ,  | <i>,</i>                                    |                                |                           |  |
| VANEUG   | ENE CORPORATION   |                                     | •                       |                                       |  |   |                                |                           |  |
|  |   |                                     |                         |                                       |  | FILED                                       |                                |                           |  |
| Principal Place<br>1430 GLEN HA  |   | Mailing Address 1430 GLEN HAVEN DR. | •                       |                                       |  |   |                                |                           |  |
| MERRITT ISLAN  |   |                                     | MERRITT ISLAND FL 32952 |                                       | 00 OCT -9 PM 2: 27   |   |                                |                           |  |
|  |   |                                     |                         |                                       | · 수 유  |   | ATATET<br>AIRBAN BHON BURN BUR | )                         |  |
| Principal Place of Business     Address     Address  |   |                                     |                         |                                       |  |   |                                |                           |  |
| Suite Ant  | # oto   | Suite Ant # etc                     | Suite, Apt. #, etc.     |                                       | 1 18811 6(1841   | DO NOT WRITE IN T                           | HIS SPACE                      | 11 0/0/1 100/             |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                 | oute, Apr. II, sec.     |                                       |  |   |                                |                           |  |
| City & State   | 3   | City & State                        | City & State            |                                       | 4. FEI Number  | 59-3150536                                  | <u> </u>                       | plied For<br>t Applicable |  |
| Zip Country  |   | Zip                                 | Country                 | -                                     | 5. Certificate of 5  | Status Desired                              | \$8.75 Add                     | litional                  |  |
|  | 6. Name and Address of Curre  | nt Registered Agent                 | !                       |                                       | 7. Name and Ad   | Idress of New Registe                       | Fee Required<br>red Agent -    |                           |  |
|  |   |                                     | Nam                     | е                                     |  |   |                                |                           |  |
|  | emaker, John B.<br>N. Orlando Ave.  |                                     | Street Address (        |                                       |  | P.O. Box Number is Not Acceptable)          |                                |                           |  |
|  | OA BEACH FL 32932   |                                     | -                       |                                       |  | <u></u>                                     |                                |                           |  |
|  |   |                                     | City                    |                                       | <u> </u>   | 78  | FL Zip Code                    | <b>)</b>                  |  |
| 8. The above   | named entity submits this statement   | t for the purpose of changing its   | registered offic        | e or registere                        | ed agent, or both, i   |   | · <del>-</del>                 |                           |  |
| <b>5.</b> 1115 4,5540  |   |                                     |                         | . 0                                   | , ,  | •.  |                                |                           |  |
| SIGNATURE _  | Signature, typed or printed name of registered agr  | ent and title if applicable (NOT    | E: Registered Agent si  | gnature required                      | when reinstating)  |   | ATE                            |                           |  |
| 9. This corporation is eligible to satisfy its Intangible FILE NOW!!!                                  |   |                                     |                         | 50.00 /5                              | O.   | - Committee Cinner                          | <b>AF 0</b>                    |                           |  |
| Tax filing requirement and elects to do so. (See criteria on back)  After SEPTEMBER:  Make Check Payal |   |                                     | 13, 2000 Min. v         | vill be \$750                         | ).00   Trust F   | on Campaign Financing<br>Fund Contribution. |                                | O May Be :<br>I to Fees   |  |
| 11.  |   | ND DIRECTORS                        | 12.                     |                                       | <b>I</b>   | IANGES TO OFFICERS                          | AND DIRECTORS                  | S (N 11                   |  |
| TITLE  | PD  | ☐ Delete                            | TITLE                   | PP                                    | _  |   | <b>↓</b> Change                | ☐ Addition                |  |
| NAME<br>STREET ADDRESS   | BERREY, JEFF STP STP  |                                     |                         | ss HID                                | er, Jeff<br>INDIAN   | BAY Blud                                    |                                |                           |  |
| CITY-ST-ZIP  | MERRITT ISLAND FL   |                                     |                         | Merr                                  | itt Is   | land, F1 329                                | 953-784                        | <i>t</i>                  |  |
| TITLE  | VD OLOMAN OTELE   | <b>⊠</b> Delete                     | TITLE                   |                                       |  |   | Change                         | Addition                  |  |
| NAME<br>STREET ADDRESS   | SIGMAN, STEVE<br>311 PATRICK CIRCLE   |                                     | NAME<br>STREET ADDRE    | ss.                                   |  |   |                                | _                         |  |
| CITY-ST-ZiP  | MELBOURNE FL CIT  |                                     |                         | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | <u> 500</u>  | 000344(<br>==10/26/00=                      | )385-<br>-nus4n                | `-2:<br>∩9-               |  |
| TITLE NAME   | SIGMAN, WYN   | Delete Delete                       | NAME 4 5                |                                       | Salar Sa<br>Salar Salar Sa | ****150.00                                  | ) ****150                      |                           |  |
| STREET ADDRESS   | 311 PATRICK CIRCLE  |                                     | STREET ADDRE            | ss                                    |  |   |                                |                           |  |
| CITY-ST-ZIP  | MELBOURNE FL TD   |                                     | CITY-ST-ZIP             | 511                                   | <u> </u>   |   | Change                         | ☐ Addition                |  |
| TITLE<br>NAME  | BERREY, ANNA  | Delete                              | NAME                    | Ber                                   | rey Ann  | ay Blud<br>and, FL 32                       | ZContainge                     |                           |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 1430 GLEN HAVEN DRIVE   |                                     | STREET ADDRE            | SS 410                                | Indian B   | and El 200                                  | 052 A81U                       |                           |  |
| TITLE  | MERRITT ISLAND FL   | ☐ Delete                            | TITLE                   | MEI                                   | 1111 250   | 4110,1232                                   | Change                         | ☐ Addition                |  |
| NAME   |   |                                     | NAME                    | ]                                     |  | ₩   |                                | <i>F</i> ->               |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |                                     | STREET ADDRE            | 35                                    |  | ( 100                                       | *                              | !                         |  |
| TITLE  |   | ☐ Delete                            | TITLE                   |                                       |  |   | ☐ Change                       | Addition                  |  |
| NAME<br>STREET ADDRESS   |   |                                     | NAME<br>STREET ADDRE    | 22                                    |  |   |                                |                           |  |
| CITY-ST-ZIP  |   |                                     | CITY-ST-ZIP             |                                       |  |   |                                |                           |  |
| indicated  | certify that the information supplied von this report or supplemental report or supplemental report or the receiver or trustee en | rt is true and accurate and that    | my signature sh         | all have the s                        | same legal effect a  | s if made under oath; th                    | nat 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: \_

SIGNATURE OF PRINTED NAME OF PIGNING OFFICER OR DIRECTOR

10-4-00

321-720-3000

Daytime Phone #

page rote

October 3, 2000

Department Of Staff
Uniform Business Report
Division Of Corporation
P.O. Box 1500
Tallahassee, FI 32302-1500

VanEugene Corporation 410 Indian Bay Blvd. Merritt Island, Fl 32953-7814

Ref: VanEugene Corporation #V72426 Ein:59-3150536

This letter is a request for the acceptance of the \$150.00 filing fee for the form 2000 UBR. I further request the waiver of the late filing penalty.

The late filing is due to the untimely accidental death of one of the owners and corporate officer of the corporation, which usually handles this function. In addition I had a change of address due to a move and did not receive the prior notices. I have made the appropriate changes to the form and I am handling this matter the best of my ability. Thank you for your consideration in this matter, and I shall await your decision.

Sincerely, Jeff Berrey President