

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 28 AM 10:15

DOCUMENT # A25791

1. Entity Name
VISTAS OF NAPLES, LTD.

Principal Place of Business
**4200 GULF SHORE BOULEVARD NORTH
NAPLES FL 34103**

Mailing Address
**4200 GULF SHORE BOULEVARD NORTH
NAPLES FL 34103-3436**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0045227** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**LUTGERT, SCOTT F
4200 GULF SHORE BLVD., NORTH
NAPLES FL 33940**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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. Capital Contributions as Shown on record. **\$6,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. _____

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	K03624
NAME	VISTAS DEVELOPERS OF NAPLES, INC.
STREET ADDRESS	4200 GULF SHORE BLVD. N.
CITY - ST - ZIP	NAPLES FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	<i>mf 3/8/00</i>
CITY - ST - ZIP	
STREET ADDRESS	100003164841--2
CITY - ST - ZIP	-03/10/00--01019--022
	****526.25 ****526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **HOWARD B. GUTMAN** *2/21/00* (941) 261-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **VICE PRESIDENT OF GENERAL PARTNERSHIP** Daytime Phone #