

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A96000002172  
**1. Entity Name**  
 POINTE VISTA II, LTD.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 MAR 10 AM 8:59



DO NOT WRITE IN THIS SPACE

**Principal Place of Business** 3300 S. HIAWASSEE ROAD, SUITE 107  
 ORLANDO FL 32835  
**Mailing Address** P.O. BOX 4961  
 ORLANDO FL 32802-4961

**2. Principal Place of Business** 800 N. HIGHLAND AVE  
**3. Mailing Address**  
 Suite, Apt. #, etc. SUITE 200  
 Suite, Apt. #, etc.

**City & State** ORLANDO, FL  
**City & State**  
**Zip** 32803 **Country** USA  
**Zip** **Country**

**4. FEI Number** 59-3414230 **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 B&C CORPORATE SERVICES OF CENTRAL FL, INC.  
 890 N. ORANGE AVE., SUITE 1100  
 ORLANDO FL 32801

**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)** 390 N. ORANGE AVE., SUITE 1100  
**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. Capital Contributions as Shown on record.** \$6,132,900.00  
**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 #	P96000096198
NAME	POINTE VISTA II, INC.
STREET ADDRESS	3300 S. HIAWASSEE ROAD, SUITE 107
CITY - ST - ZIP	ORLANDO FL 32835
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	800 N. HIGHLAND AVE., SUITE 200
CITY - ST - ZIP	ORLANDO, FL 32803
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	400003174684 -- 1
CITY - ST - ZIP	-03/17/00 -- 01083 -- 029
STREET ADDRESS	****526.25 ****526.25
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:** STEVEN G. KROPP, VICE PRESIDENT **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**  
 POINTE VISTA II, INC. G.P.  
**3-1-00** **407/297-1600**  
 Date Daytime Phone #

CR2E003 (9/99)