

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000002172

1. Entity Name

POINTE VISTA II, LTD.

FILED
 02 MAR 28 PM 1:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**800 NORTH HIGHLAND AVE., SUITE 200
 ORLANDO FL 32803**

Mailing Address
**P.O. BOX 4961
 ORLANDO FL 32802-4961**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3414230** Applied For Not Applicable

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

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FL, INC.
 890 N. ORANGE AVE., SUITE 1100
 ORLANDO FL 32801**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE _____

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000096198**
 NAME **POINTE VISTA II, INC.**
 STREET ADDRESS **800 NORTH HIGHLAND AVE., SUITE 200**
 CITY-ST-ZIP **ORLANDO FL 32803**

STREET ADDRESS
 CITY-ST-ZIP

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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)(l), 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

Pointe Vista II, Inc.

SIGNATURE: **Steven G. Kropp, Vice President** **3-25-02 407-297-7600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

PLEASE CHECK HERE