## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED n

DOCUMENT # 478239 1. Entity Name					May 15, 2000 8:00 an Secretary of State			
	VISTA PROPERTIES M	ANAGEMENT, INC.			05-15-2000 903	•		
Principal Plac	te of Business	Mailing Address						
100 Vista Royale Blvd. 100 Vista R			ale Blvd.					
Vero Be	ach, FL 32962	Vero Beach, F	L 32962					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numi	59-1605433	— <del>— —</del>	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificat	e of Status Desired	\$8.75 Add Fee Require		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
Reid Jr., Philip H.			Name					
6606 20th Street			Street Address (P.O. Box Number is Not Acceptable)					
Vero Beach, F1 32966					U			
			City			FL Zip Code	e	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	required when reinstating)	D	ATE		
10.	FILE NOW: FEE IS 1	Section Campaign I Trust Fund Contribut  PECTORS		\$5.00 May Be Added to Fees		eck Payable to nent of State		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Sec./Treak Kurtz, John CDIR	S Delete SCTOE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/OF	TANGES TO OFFICERS AN	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Ewing, Ronald E**// 100 Vista Royale Black Vero Beach, FL 329	7 <b>d.</b> 52	TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres./Asst. See Gaskill, Robert L 28 Forest Park Dr. Vero Beach, FL 329	DIRECTOR	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME	Vice President Koehler, Kirk W. 5701 Glen Eagle Ln.	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	Vero Beach, FL 329	57	CITY-ST-ZIP			٠		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	☐ Change	Addition	
40 Lhoroby	artifut hat the information appelled with	this filing does not qualify for t	ha avamatica states	d in Section 119 07/2	Vi) Florida Statutes I furthe	r cortify that the in	formation	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all directive empowered.

SIGNATURE:

4/21/00

(56) 562-9031