

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A07986**

1. Entity Name

**BUENA VISTA INVESTMENT FUND, LTD.**

FILED

00 FEB 17 PM 3: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**BARNETT PLAZA  
101 EAST KENNEDY BOULEVARD, SUITE 3925  
TAMPA FL 33602**

Mailing Address

**BARNETT PLAZA  
101 EAST KENNEDY BOULEVARD, SUITE 3925  
TAMPA FL 33602-5812**

2. Principal Place of Business

**2910 W. Bay to Bay Blvd.**

Suite, Apt. #, etc.  
**Suite 200**

City & State  
**Tampa, FL**

Zip  
**33629**

Country  
**USA**

3. Mailing Address

**2910 W. Bay to Bay Blvd.**

Suite, Apt. #, etc.

**Suite 200**

City & State  
**Tampa, FL**

Zip  
**33629**

Country  
**USA**

4. FEI Number

**59-1962939**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FROST, MICHAEL H.  
BARNETT PLAZA  
101 EAST KENNEDY BOULEVARD, SUITE 3925  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name  
**Frost, Michael H.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2910 W. Bay to Bay Blvd.**  
**Suite 200**  
City  
**Tampa** FL Zip Code  
**33629**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$10,288,676.11**

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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**KENNEDY, DAVID A.  
101 E. KENNEDY #3925  
TAMPA FL**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**FROST, MICHAEL H.  
101 E. KENNEDY #3925  
TAMPA FL**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**F07127  
BUENA VISTA PALACE CORP.  
101 E. KENNEDY #3925  
TAMPA FL**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**F01817  
BUENA VISTA INVEST.CORP.  
625 MADISON AVE 10TH FL  
NEW YORK NY**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**BUENA VISTA INVEST.CORP.**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
**2910 W. Bay to Bay Blvd., Suite 200**  
CITY - ST - ZIP  
**Tampa, FL 33629**

STREET ADDRESS  
**2910 W. Bay to Bay Blvd., Suite 200**  
CITY - ST - ZIP  
**Tampa, FL 33629**

STREET ADDRESS  
**2910 W. Bay to Bay Blvd., Suite 200**  
CITY - ST - ZIP  
**Tampa, FL 33629**

STREET ADDRESS  
**800003158498--2**  
CITY - ST - ZIP  
**-03/06/00--01110--001**  
**\*\*\*526.25 \*\*\*526.25**

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:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)