

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 28, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # A92000000049**

1. Entity Name  
**VISTA RETAIL PARTNERS, LTD.**

Principal Place of Business 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801	Mailing Address 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801
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2. Principal Place of Business 450 S. ORANGE AVENUE Suite, Apt. #, etc.	3. Mailing Address 450 S. ORANGE AVENUE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL	City & State ORLANDO FL	4. FEI Number <b>59-315091</b>	Applied For <input type="checkbox"/> Not Applicable
Zip 32801	Country US	Zip 32801	Country US
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

**BOURNE ROBERT A**  
**400 EAST SOUTH STREET, SUITE 500**  
**ORLANDO FL 32801 US**

Name  
**BOURNE ROBERT A**  
 Street Address (P.O. Box Number is Not Acceptable)  
**450 S. ORANGE AVENUE**  
 City  
**ORLANDO FL** Zip Code  
**32801**

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 **03/28/2000**  
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. <b>750,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>750,000.00</b>	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.</b>
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**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 #		STREET ADDRESS	450 S. ORANGE AVENUE
NAME	<b>BOURNE ROBERT A</b>	CITY-ST-ZIP	<b>ORLANDO FL 32801</b>
STREET ADDRESS	<b>400 EAST SOUTH STREET, SUITE 500</b>	STREET ADDRESS	450 S. ORANGE AVENUE
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	CITY-ST-ZIP	<b>ORLANDO FL 32801</b>
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **ROBERT A. BOURNE**

DATE: **03/28/2000**