

# 2000 UNIFORM BUSINESS REPORT (UBR)

0007484 AF

DOCUMENT # A94000000445

1. Entity Name

VISTA BOWLING CENTER LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 26 AM 3:05

*[Handwritten Signature]*



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2101 VISTA PARKWAY  
WEST PALM BEACH FL 33411

Mailing Address  
2101 VISTA PARKWAY  
WEST PALM BEACH FL 33411-2706

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 65-0486421 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PITTS, L. MARLENE  
2101 VISTA PARKWAY  
WEST PALM BEACH FL 33411

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. \$800,146.00 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 # P94000024388  
NAME VISTA BOWLING MANAGEMENT CORP  
STREET ADDRESS 2101 VISTA PARKWAY  
CITY - ST - ZIP WEST PALM BEACH FL 33411

STREET ADDRESS  
CITY - ST - ZIP 800003245908--5  
-05/09/00-01133-014  
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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: *[Handwritten Signature]* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/00 (561) 683-5200  
Date Daytime Phone #

CR2E003 (9/99)