

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001086**

1. Entity Name

**VISTA LAKES HOMES LIMITED**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

*mf*



DO NOT WRITE IN THIS SPACE

Principal Place of Business

15292 SW 17 ST  
DAVIE FL 33326

Mailing Address

15292 SW 17 ST  
DAVIE FL 33326-2046

2. Principal Place of Business

**15342 SW 17 St**

Suite, Apt. #, etc.

3. Mailing Address

**15342 SW 17 St**

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0678564**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVENPORT, RICHARD A**  
**15292 SW 17 ST**  
**DAVIE FL 33326**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**15342 SW 17 St.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

**\$977,253.00**

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DAVENPORT, RICHARD A**  
**15292 SW 17 ST**  
**DAVIE FL 33326**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P94000079745**  
**VISTA DEVELOPMENT INC.**  
**5901 SW 82 ST.**  
**SOUTH MIAMI FL 33143**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
**15342 SW 17 ST.**

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/28/00 (954) 382-0020**

Date

Daytime Phone #

CR2E003 (9/99)