

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001086**

1. Entity Name

**VISTA LAKES HOMES LIMITED**

FILED

01 APR 30 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

15342 SW 17 ST  
DAVIE FL 33326

Mailing Address

15342 SW 17 ST  
DAVIE FL 33326

2. Principal Place of Business

11860 W State Road 84

3. Mailing Address

11860 W State Road 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B-15

B-15

City & State

City & State

DAVIE, FL

DAVIE, FL

Zip

Country

Zip

Country

33325

USA

33325

USA

4. FEI Number

65-0678564

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

DAVENPORT, RICHARD A

15342 SW 17 ST

DAVIE FL 33326

Name

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

11860 W. ST. RD. 84  
#B-15

City

DAVIE

FL

33325

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.

(NOT: 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

13. ADDRESS CHANGES ONLY

DOCUMENT #	DAVENPORT, RICHARD A
NAME	15342 SW 17 ST
STREET ADDRESS	DAVIE FL 33326
CITY-ST-ZIP	
DOCUMENT #	P94000079745
NAME	VISTA DEVELOPMENT INC.
STREET ADDRESS	5901 SW 82 ST.
CITY-ST-ZIP	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	

STREET ADDRESS	11860 West State Road 84
CITY-ST-ZIP	Suite B-15 Davie, Florida 33325
STREET ADDRESS	11860 West State Road 84
CITY-ST-ZIP	Suite B-15 Davie, Florida 33325
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300004218253-2
CITY-ST-ZIP	05/15/01-01/20-020 ****535.00 ****535.00
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)