

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002056**

1. Entity Name

VISTA 4 LTD.

FILED

00 JAN 18 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

7050 AUGUSTA NATIONAL DRIVE
ORLANDO FL 32822

Mailing Address

7050 AUGUSTA NATIONAL DRIVE
ORLANDO FL 32822-5016

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3476443

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHNSON, LORAN A ESQUIRE
LOWNDES, DROSDICK, DOSTER, ET AL
215 NORTH EOLA DRIVE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **Richard T. Lee**
Street Address (P.O. Box Number is Not Acceptable)
7050 Augusta National Drive
City **Orlando** FL Zip Code **32822**

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 **Richard T. Lee**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-2000

9. Capital Contributions
as Shown on record.

\$700,000.00

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 # **H20996**
NAME **LEE PROPERTIES, INC.**
STREET ADDRESS **7050 AUGUSTA NATIONAL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32822**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

700003105747--7
-01/21/00--01018--003
*****535.00 *****535.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

LEE PROPERTIES, INC. - GENERAL PARTNER

SIGNATURE:

SIGNATURE REQUIRED

Richard T. Lee, President 1/10/2000 407-857-2835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #