

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A97000002056**

1. Entity Name  
**VISA 4 LTD.**

**FILED**  
**02 JAN 28 PM 10:08**

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**

2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country

3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

**DUE BY MAY 1, 2002**

4. FEI Number: **59-3476443** Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEE, RICHARD T**  
**7050 AUGUSTA NATIONAL DRIVE**  
**ORLANDO FL 32822**

7. Name and Address of New Registered Agent  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 #	<b>H20996</b>
NAME	<b>LEE PROPERTIES, INC.</b>
STREET ADDRESS	<b>7050 AUGUSTA NATIONAL DRIVE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>
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	<b>500004853425--4</b>
CITY-ST-ZIP	<b>02/01/02-01056-001</b> <b>*****437.50 *****437.50</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>500004853425--4</b>
CITY-ST-ZIP	<b>02/01/02-01056-002</b> <b>*****88.75 *****88.75</b>
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:** *Richard T. Lee* **LEE PROPERTIES, INC. GENERAL PARTNER** **Richard T. Lee** 1-07-02 407-857-2835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)