

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002349**

1. Entity Name

GREEN VISTA, LTD.

Principal Place of Business

C/O JOHN T. SOUTH, III
709 MALL BOULEVARD
SAVANNAH GA 31406

Mailing Address

C/O JOHN T. SOUTH, III
709 MALL BOULEVARD
SAVANNAH GA 31406-4805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

58-2347614

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLANIGAN, JOHN F ESQ.
C/O MOYLE, FLANIGAN, ET AL
625 NORTH FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH FL 31406

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

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.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,000.00

**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 #	F97000005691		STREET ADDRESS	CITY - ST - ZIP		
NAME	SOUTH EDUCATION CORPORATION					
STREET ADDRESS	709 MALL BOULEVARD					
CITY - ST - ZIP	SAVANNAH GA 31406					
DOCUMENT #			STREET ADDRESS	CITY - ST - ZIP		
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
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NAME						
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:

John T. South
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/00
Date

912-68-6000
Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number	58-2347614	Applied For
		Not Applicable

11/10/00
11/10/00