

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002349

1. Entity Name  
GREEN VISTA, LTD.



APPROVED  
AND  
FILED

03 MAR 27 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

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

7. Name and Address of New 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. \$96,967.00

10. Amount of Capital Contributions in FLORIDA to date. 101,165.00

11. MAKE CHECK PAYABLE TO FL. 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  
NAME SOUTH EDUCATION CORPORATION  
STREET ADDRESS 709 MALL BOULEVARD  
CITY-ST-ZIP SAVANNAH GA 31406

STREET ADDRESS

CITY-ST-ZIP

800014301948  
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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

South Education Corporation

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03/22/03

Date

912-201-8035

Daytime Phone #

CR2E003 (10/02)

0019461 MB

STAPLE CHECK HERE