

2001 UNIFORM BUSINESS REPORT (UBR)

0010840 AF

DOCUMENT # A990000000131

1. Entity Name

VISTA GARDENS I, LTD.

FILED

01 APR 30 PM 6:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7045 BARRINGTON CIRCLE #201
NAPLES FL 34108

Mailing Address

7045 BARRINGTON CIRCLE #201
NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3546997
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, MICHAEL
2171 PINE RIDGE ROAD SUITE D
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name John T MAGOVS
Street Address (P.O. Box Number is Not Acceptable)
4100 Corporate Sq Suite 116
City Naples FL Zip Code 34104

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)

4/24/01
DATE

9. Capital Contributions
as Shown on record.

\$170,500.00

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 # P98000093285
NAME J.T.M. MANAGEMENT, INC.
STREET ADDRESS 7045 BARRINGTON CIRCLE #201
CITY-ST-ZIP NAPLES FL 34108

DOCUMENT # J.T.M. MANAGEMENT INC.
NAME 4100 Corporate Sq Suite 116
STREET ADDRESS Naples, FL 34104
CITY-ST-ZIP

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 500004216845--5
CITY-ST-ZIP 05/15/01 01051 002
****526.25 ****526.25

STREET ADDRESS 712
CITY-ST-ZIP

STREET ADDRESS 514
CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

941-
4/24/01 263-9568
Date Daytime Phone #

CR2E003 (11/00)