

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F07127

Entity Name
BUENA VISTA PALACE CORPORATION

FILED
Mar 07, 2000 8:00 am
Secretary of State
03-07-2000 90025 009 ***150.00

Principal Place of Business	Mailing Address
E. KENNEDY BLVD 3925 - FL 33602	101 E. KENNEDY BLVD SUITE 3925 TAMPA FL 33602-5812 US

714242



DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
2910 W. Bay to Bay Blvd.	2910 W. Bay to Bay Blvd.
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Tampa, FL	City & State Tampa, FL
Zip 33629	Zip 33629
Country USA	Country USA

4. FEI Number	59-2063560	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FROST, MICHAEL H
101 E. KENNEDY, STE. 2975
SUITE 3925
TAMPA FL

7. Name and Address of New Registered Agent

Name: Frost, Michael H.
Street Address (P.O. Box Number is Not Acceptable): 2910 W. Bay to Bay Blvd.
Suite 200
City: Tampa FL Zip Code: 33629

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
D	SHIMBERG, MANDELL	100 S. ASHLEY, #820 TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
D	KENNEDY, DAVID A	101 E. KENNEDY BLVD, SUITE 3925 TAMPA FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D	Kennedy, David A. 2910 W. Bay to Bay Blvd., Suite 200 Tampa, FL 33629
PD	FROST, MICHAEL H	101 E. KENNEDY BLVD, SUITE 3925 TAMPA FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD	Frost, Michael H. 2910 W. Bay to Bay Blvd., Suite 200 Tampa, FL 33629
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		

3. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____

CR2E034 (9/99)