

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F84059

1. Entity Name

LEEVISta, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90120 018 ***158.75

Principal Place of Business

7050 AUGUSTA NATIONAL DRIVE
P. O. BOX 620365
ORLANDO FL 32862

Mailing Address

7050 AUGUSTA NATIONAL DRIVE
P. O. BOX 620365
ORLANDO FL 32862-0365

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

59-2204820

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

DENYER, RAYMOND G.
7050 AUGUSTA NATIONAL DRIVE
ORLANDO FL 32822

Name

Richard T. Lee

Street Address (P.O. Box Number is Not Acceptable)

7050 Augusta National Drive

City

Orlando

FL

Zip Code
32822

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 Richard T. Lee

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEE, RICHARD T.	
STREET ADDRESS	7050 AUGUSTA NAT'L DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	LEE, KATHLEEN S.	
STREET ADDRESS	7050 AUGUSTA NAT'L DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARROW, LORRAYNE L.	
STREET ADDRESS	7050 AUGUSTA NAT'L DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WAUGH, MICHELLE L.	
STREET ADDRESS	7050 AUGUSTA NAT'L DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEE, THOMAS G. II	
STREET ADDRESS	7050 AUGUSTA NAT'L DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 REQUIRED

Richard T. Lee 1/10/2000 407-857-2835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)