

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F84059**1. Entity Name  
**LEE VISTA, INC.**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

**LEE, RICHARD T  
7050 AUGUSTA NATIONAL DRIVE  
ORLANDO FL 32822**

7. Name and Address of New Registered Agent

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. 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, 2001 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 | NAME                | STREET ADDRESS        | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|-----------------------|-------------|---------------------------------|
| PD    | LEE, RICHARD T.     | 7050 AUGUSTA NAT'L DR | ORLANDO FL  | <input type="checkbox"/>        |
| VTD   | LEE, KATHLEEN S.    | 7050 AUGUSTA NAT'L DR | ORLANDO FL  | <input type="checkbox"/>        |
| VO    | BARROW, LORRAYNE L. | 7050 AUGUSTA NAT'L DR | ORLANDO FL  | <input type="checkbox"/>        |
| V     | WAUGH, MICHELLE L.  | 7050 AUGUSTA NAT'L DR | ORLANDO FL  | <input type="checkbox"/>        |
| V     | LEE, THOMAS G. II   | 7050 AUGUSTA NAT'L DR | ORLANDO FL  | <input type="checkbox"/>        |
|       |                     |                       |             | <input type="checkbox"/>        |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard T. Lee

1-4-2001

Date

407-857-2835

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)