

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90302 049 ***150.00

DOCUMENT # F96000001219

1. Entity Name

OCEAN VISTA HOLDINGS COMPANY

Principal Place of Business

Mailing Address

**12908 AIR WAY STREET
PANAMA CITY FL 32404-833
US****12908 AIR WAY STREET
PANAMA CITY FL 32404-2833
US**

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

65-0595592

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

Name

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

City

FL

Zip Code

**YOUNG, JUDITH C
12908 AIR WAY STREET
PANAMA CITY FL 32404-2833**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CAWSAND LIMITED	
STREET ADDRESS	ANSBACHER HOUSE, DOCTOR ROY'S DR	
CITY-ST-ZIP	GRAND CAYMAN, CAYMAN ISLANDS	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROMER LIMITED	
STREET ADDRESS	ANSBACHER HOUSE, DOCTOR ROY'S DR	
CITY-ST-ZIP	GRAND CAYMAN, CAYMAN ISLANDS	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARKER LIMITED	
STREET ADDRESS	ANSBACHER HOUSE, DOCTOR ROY'S DR	
CITY-ST-ZIP	GRAND CAYMAN, CAYMAN ISLANDS	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:


David F. Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attorney-in-Fact

4/28/00

850-871-3750

Date

Daytime Phone #