

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90043 042 \*\*\*\*50.00

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**DOCUMENT # L02000006596**

1. Entity Name

**BUENA VISTA CAPITAL PARTNERS, LLC**



Principal Place of Business

**2910 WEST BAY TO BAY BLVD.  
TAMPA FL 33629**

Mailing Address

**2910 WEST BAY TO BAY BLVD.  
TAMPA FL 33629**

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

**41-2047176**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'NEILL, ALBERT C JR.  
101 EAST KENNEDY BLVD.  
SUITE 2700  
TAMPA FL 33601**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	DC	<input type="checkbox"/> Delete
NAME	Frost, Michael H.	
STREET ADDRESS	2910 W. Bay to Bay Blvd. #200	
CITY-ST-ZIP	Tampa, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Kennedy, David A.	
STREET ADDRESS	2910 W. Bay to Bay Blvd. #200	
CITY-ST-ZIP	Tampa, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	Stolz, Robert L.	
STREET ADDRESS	1900 Lake Buena Vista	
CITY-ST-ZIP	Lake Buena Vista, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Mörel, Florian	
STREET ADDRESS	1900 Lake Buena Vista	
CITY-ST-ZIP	Lake Buena Vista, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)