

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

001424 AF

DOCUMENT # L98000002698

1. Entity Name  
VISTA PARTNERS, LLC

00 MAY -3 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
15 PARADISE PLACE, SUITE 186  
SARASOTA FL 34239

Mailing Address  
15 PARADISE PLACE, SUITE 186  
SARASOTA FL 34239-6905



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
15 Paradise Plaza

3. Mailing Address  
15 Paradise Plaza

Suite, Apt. #, etc.  
Suite 186

Suite, Apt. #, etc.  
Suite 186

City & State  
Sarasota, Florida

City & State  
Sarasota, Florida

Zip Country  
34239 Sarasota

Zip Country  
34239 Sarasota

4. FEI Number 65-0880134

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEIN, WILLIAM R ESQ.  
1900 MAIN ST., SUITE 310  
SARASOTA FL 34236

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 William R. Klein

4/24/00

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR  
STREET ADDRESS HARABURDA, RUSSELL F  
CITY-ST-ZIP 15 PARADISE PLACE, SUITE 186  
SARASOTA FL 34239

TITLE NAME  
STREET ADDRESS 15 Paradise Plaza, Suite 186  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE 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: Russell Haraburda

4/24/00

(941) 365-8835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)