

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

1

01 MAY 31 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **000000001476**

1. Entity Name

MV Orlando Lee Vista 1, LLC

Principal Place of Business

Mailing Address

301 S. College Street  
Charlotte, NC 28288-0630

2. Principal Place of Business

3. Mailing Address

301 S. College St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Charlotte NC

4. FEI Number

52-2259757

Applied For

Not Applicable

Zip

Country

Zip

Country

28288-0630

US

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporation Service Company  
1201 Hays Street  
Tallahassee FL 32301

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE NAME **Mountain Ventures, LLC** ☐ Delete  
STREET ADDRESS **301 S. College St.** MGR  
CITY-ST-ZIP **Charlotte, NC 28288-0630**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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: **Robert A. Lee**

Senior Vice President 5/29/01

704-715-2403

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

Date

Daytime Phone #

CR2E083 (11/00)



2

ACCOUNT NO. : 072100000032

REFERENCE : 168767 167868A

AUTHORIZATION :

*Patricia P. [Signature]*

COST LIMIT : \$ 50.00

ORDER DATE : May 31, 2001

ORDER TIME : 10:45 AM

ORDER NO. : 168767-005

CUSTOMER NO: 167868A

CUSTOMER: Beverly Jackson, Legal Asst  
First Union Corporation  
One First Union Center, Nc0630  
Legal Division-31st Floor  
Charlotte, NC 28288-0630

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2001 MAY 31 AM 11:24

NOT TO BE USED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: MV ORLANDO LEE VISTA I, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 1114

EXAMINER'S INITIALS: \_\_\_\_\_