

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 08, 2000 08:00 AM
Secretary of State

DOCUMENT # N19603

1. Entity Name

VISTA ASSOCIATION OF RESTAURANTS, INC.

Principal Place of Business

400 EAST SOUTH STREET
STE 500
ORLANDO
32801

FL

US

Mailing Address

400 EAST SOUTH STREET
STE 500
ORLANDO
32801

US

FL

2. Principal Place of Business

450 S. ORANGE AVENUE

3. Mailing Address

450 S. ORANGE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

FL

City & State

ORLANDO

FL

Zip

32801

Country

US

Zip

32801

Country

US

4. FEI Number

59-3180929

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

BOURNE, ROBERT A

400 E. SOUTH STREET STE 500

ORLANDO

FL

32801

US

Name

BOURNE ROBERT A

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

450 S. ORANGE AVENUE

City
ORLANDO

FL

Zip Code
32801

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 ROBERT A. BOURNE

03/08/2000

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME RUSH BRADLEY B
STREET ADDRESS 400 E SOUTH ST
CITY-ST-ZIP ORLANDO FL 32801

TITLE D ☒ Change ☐ Addition
NAME RUSH BRADLEY B
STREET ADDRESS 450 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801

TITLE S ☐ Delete
NAME ROSE LYNN E
STREET ADDRESS 400 E SOUTH ST, STE 500
CITY-ST-ZIP ORLANDO FL

TITLE S ☒ Change ☐ Addition
NAME ROSE LYNN E
STREET ADDRESS 450 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801

TITLE PTD ☐ Delete
NAME BOURNE ROBERT A.
STREET ADDRESS 400 E SOUTH ST, STE 500
CITY-ST-ZIP ORLANDO FL 32801

TITLE PTD ☒ Change ☐ Addition
NAME BOURNE ROBERT A
STREET ADDRESS 450 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801

TITLE DCCE ☐ Delete
NAME SENEFF JAMES M JR
STREET ADDRESS 400 E. SOUTH STREET STE 500
CITY-ST-ZIP ORLANDO FL 32801

TITLE DCCE ☒ Change ☐ Addition
NAME SENEFF JAMES MJR
STREET ADDRESS 450 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.