## **2000 UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

400 EAST SOUTH STREET

3. Mailing Address

450 S. ORANGE AVENUE

Suite, Apt. #, etc.

City & State

STE 500

32801

ORLANDO

ORLANDO

Zip

**DOCUMENT # N19603** 

VISTA ASSOCIATION OF RESTAURANTS, INC.

FL

FL

6. Name and Address of Current Registered Agent

FL

Country

1. Entity Name

Principal Place of Business

2. Principal Place of Business

400 EAST SOUTH STREET

450 S. ORANGE AVENUE

City & State

ORLANDO

Zip

ORLANDO

32801

Suite, Apt. #, etc.

BOURNE, ROBERT A 400 E. SOUTH STREET STE 500

STE 500

32801

ORLANDO

## **FILED** Mar 08, 2000 08:00 AM **Secretary of State** DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3180929 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 450 S. ORANGE AVENUE

32801	US <sub>.</sub>		<del></del>		City			T = -	
	·			ORLANI	DO		FL	Zip Code 32801	9
B. The above	named entity submits this statement for th	e purpose	of changing its re	gistered office o	r registered agent, or bo	th, in the state of Florid	a.	1 32001	
								,	
212117	ROBERT A. BOURNE					•	03/08/2	2000	
SIGNATURE	Signature, typed or printed name of registered agent and site if applicable. (NOTE Registered Agent signature required when reinstating)					DATE			
				ogiotorea rigorit algrico	toro required writer remajastrig)		DATE		
	FILE NOW:	o Fla	ection Campaign Fi	inanaina	<b>AF 65</b>		A LANG		The West of
	FEE IS \$61.25		st Fund Contribution	~	\$5.00 May Be Added to Fees			ayable to of State	
Sandright (1994) Callanda (1997)					1.0000 (0   000	L. C.	i unem		
10.	OFFICERS AND DIREC	CTORS		11.	ADDITIONS/CH	ANGES TO OFFICERS	AND DIR	ECTORS IN	10
TITLE	D		☐ Delate	TITLE	D			K Change	Addition
NAME	RUSH BRADLEY B			NAME	RUSH BRADL	EY B			_
STREET ADDRESS	400 E SOUTH ST			STPEET ADDRESS	450 S. ORANGE AVEN	IUE			
CITY-ST-ZIP	ORLANDO	FL	32801	CITY-ST-ZIP	ORLANDO		FL 3	2801	
TITLE	s		☐ Delete	TITLE	S				Addition
NAME	ROSE LYNN E			NAME	ROSE LYNN	E			
STREET ADDRESS	400 E SOUTH ST, STE 500			STREET ADDRESS	450 S. ORANGE AVEN	IUE			
CITY-ST-ZIP	ORLANDO	FL		CITY-ST-ZIP	ORLANDO		FL 3	2801	
TITLE	PTD		Delete	TITLE	PTD			X Change	Addition
NAME	BOURNE ROBERT A.			NAME	BOURNE ROB				
STREET ADDRESS CITY-ST-ZIP	400 E SOUTH ST, STE 500		22004	STREET ADDRESS	450 S. ORANGE AVEN	TUE		2004	
	ORLANDO	FL	32801	CITY-ST-ZIP	ORLANDO		FL 3	2801	
TITLE	DCCE		☐ Delete	TITLE	DCCE			XI Change	Addition
name Street address	SENEFF JAMES M JR			NAME	SENEFF JAME				
CITY-ST-ZIP	400 E. SOUTH STREET STE 500 ORLANDO	FL	32801	STREET ADDRESS CITY-ST-ZIP	450 S. ORANGE AVEN ORLANDO	NUE	FL 3	2801	
TITLE	ORDANDO				Oldarido				
NAME			☐ Delete	TITLE NAME			!	Change	Addition
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP		ı			
TITLE			☐ Delete	TITLE				Change	☐ Addition
NAME			]	NAME			•		
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP	_				
12. Thereby of indicated	ertify that the information supplied with this	s filing doe	s not qualify for the	e exemption stat	ted in Section 119.07(3)(i	), Florida Statutes. I fu	ther certif	y that the in	formation
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 comprehence of									

FL

FL

Name BOURNE

Country

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.