

2020 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N960000000081

1. Entity Name

GRANDE VISTA OF ORLANDO CONDOMINIUM ASSOCIATION,

Principal Place of Business

5925 AVENIDA VISTA
ORLANDO FL 32821
US

Mailing Address

5925 AVENIDA VISTA
ORLANDO FL 32821-7001
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3359241

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 \$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

TITLE
NAME DP
STREET ADDRESS LOVE, WILLIAM J
CITY-ST-ZIP 6649 WESTWOOD BLVD, STE 400
ORLANDO FL

TITLE
NAME DV
STREET ADDRESS MCSWEEN, JOHN R
CITY-ST-ZIP 12834 COUNTRY RIDGE
SAN ANTONIO TX 78216

TITLE
NAME DST
STREET ADDRESS ALBERT, JOHN
CITY-ST-ZIP 5925 AVENIDA VISTA
ORLANDO FL

TITLE
NAME DD
STREET ADDRESS HEBELER, ROB M
CITY-ST-ZIP 6649 WESTWOOD BLVD., STE 500
ORLANDO FL 32821

TITLE
NAME DD
STREET ADDRESS BELL, JOHN
CITY-ST-ZIP 7377 KIMMEL RD
CLAYTON OH 45313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP 6649 WESTWOOD BOULEVARD SUITE 500

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP 800003117888--4
-02/01/00--01044--010
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP 6649 WESTWOOD BOULEVARD SUITE 500

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

TITLE DD
NAME F. LAVOR CHRISTENSEN ☐ Change ☒ Addition
STREET ADDRESS 12308 SOUTH RALEIGH COURT
CITY-ST-ZIP DRAPER, UT 84020

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

SP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/00