

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90413 004 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name **ALTA VISTA MANOR, INC.**
P00000002576

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2806 W SAM ALLEN RD
Suite, Apt. #, etc.

3. Mailing Address

2806 W SAM ALLEN RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PLANT CITY - FL

City & State

PLANT CITY - FL

4. FEI Number

65-0974173

Applied For

Not Applicable

Zip

Country

33565

USA

Zip

Country

33565

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

WILLIAM SIPLE

2806 W SAM ALLEN ROAD

PLANT CITY

FL

33565

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

PRESIDENT
WILLIAM W. SIPLE
2806 W SAM ALLEN ROAD
PLANT CITY, FL 33565

VICE PRESIDENT
VIRGINIA SIPLE
SAME

SECRETARY
VIRGINIA SIPLE
SAME

TREASURER
VIRGINIA SIPLE
SAME

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM W. SIPLE
PRESIDENT 4-28-02 813-719-3548

CR2E034B (12/01)