

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90087 014 ***158.75

DOCUMENT # P00000099149

1. Entity Name
BLUE VISTA, INC.

Principal Place of Business
**1555 PALM BEACH LAKES BLVD.
SUITE 1100
WEST PALM BEACH FL 33401**

Mailing Address
**1555 PALM BEACH LAKES BLVD.
SUITE 1100
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1051078**

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

**E. LLWYD ECCLESTONE
1555 PALM BEACH LAKES BLVD.
SUITE 1100
WEST PALM BEACH FL 33401**

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

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DCP			
	E. LLWYD ECCLESTONE			
	1555 PALM BEACH LAKES BLVD. #1100			
	WEST PALM BEACH FL 33401			
	DVT			
	COOPER, RON			
	1555 PALM BEACH LAKES BLVD. #1100			
	WEST PALM BEACH FL 33401			
	S			
	GAMMON, NANNETTE			
	1555 PALM BEACH LAKES BLVD #1100			
	WEST PALM BEACH FL 33401			

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ron Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02

561/686-2000

Date

Daytime Phone #

CR2E034 (9/01)