2002	2 UNIFORM BUS	INESS REPU	K)		ILLU	^	
DOCUMENT # P01000104531  1. Entity Name VINE VISTA, INC.					Feb 27, 2002 8:00 am Secretary of State 02-27-2002 90027 013 ***150.00		
Principal Place of Business Mailing Address  3492-A POLYNESIAN ISLE BLVD 3492-A POLYNESIAN ISLE BLVS  KISSIMMEE FL 34746 KISSIMMEE FL 34746			BLVD .		† IARDIARI IJI ARIRI IJEJI ARIIJ R	1411 88781 1/811 881K1 81881 87188	#11 <b>32</b> 1131 1 <b>36</b> 1
2. Principal Place of Business 3492 Polynesin N Tsle BIVD 3192 Polynesin Tsle BIVD Suite, Apt. #, etc.				מש	1 (62):001	ITE IN THIS SPACE	
City & State  Kissimmer FL  Zip  Country  Zip  City & State  Kissimmer FL  Zip			Country	4. FEI Number Applied For Not Applied For Not Applicable  5. Cartificate of Status Decired Status Residuel Status Decired Stat			ot Applicable
Zip	34746 oceola	34746	OCEOLA	5.	. Certificate of Status Desired	Fee Require	
3492-A PC	RICHARD P DLYNESIAN ISLE BLVD EE FL 34746	Street /	YUSSRA ELISIS.  Address (P.O. Box Number is Not Acceptable)  92 POLYNCSIAN FS/C BIVD  SSIMMEC  FL Zip Code 34746				
				.00 550.00	10. Election Campaign Fi Trust Fund Contributi	+	2 May Be
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Agent Condon Richard F 3492-A Polynesian Kissimmee FL 2	Tole BIVD	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	pres yuss 3482	additions/changes to of indent ra Elisis Polynesian Tsi immee FL 31	Change	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	president Elisismonamonad Elisismonamonado Cir 487 knooik Cir Orlando, Fl 50824	S VI Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Zami 3492 Kiss	prosident prosident L-Elisis Polynesian immee Fl 30	☑ Change Ts/e BIUN (1946	Addition
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	·	-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
indicated of the cor	certify that the information supplied wit don this report or supplemental report is rporation or the receiver or trustee emp , or on an attachment with an address,	is true and accurate and that no powered to execute this report	ny signature shall	have the sam	e legal effect as if made under	oath; that I am an officer	or director

SIGNATURE:

MICHATURED PRINTED AME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #