

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000063180

1. Entity Name

VISTA OUTDOOR RESORTS, INC.

07-25-2000 90004 034 ***150.00

FILED

00 SEP -1 AM 11:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5300 S. FLORIDA AVE.
BUILDING E
LAKELAND FL 33813
US

Mailing Address

P. O. BOX 5330
LAKELAND FL 33807
US

2. Principal Place of Business

1400 GRASSLANDS BLVD

3. Mailing Address

P.O. Box 5156

Suite, Apt. #, etc.

66

Suite, Apt. #, etc.

City & State

LAKELAND, FLORIDA

City & State

LAKELAND, FLORIDA

Zip

33803

Country

USA

Zip

33807

Country

USA

4. FEI Number

59-3198682

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURKEY, JOHN D
1400 GRASSLANDS BLVD
SUITE 66
LAKELAND FL 33803

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

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D. BURKEY, JOHN D
1400 GRASSLANDS BLVD, # 66
LAKELAND FL

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D. BURKEY, DEAN J
1423 SOUTH LINCOLN AVENUE
LAKELAND FL 33803

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 12, 2000

Date

863-602-6000

Daytime Phone #