

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000068531

1. Entity Name

VISTA II, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90286 018 ***150.00

Principal Place of Business

100 VISTA ROYALE BLVD.
VERO BEACH FL 32962

Mailing Address

100 VISTA ROYALE BLVD.
VERO BEACH FL 32962

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0521265

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

REID, PHILIP H JR.
6606 20TH ST.
VERO BEACH FL 32966-8613

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 re-registering)

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, 2001 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	PD EWING, RONALD E 100 VISTA ROYALE BLVD VERO BEACH FL 32962 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GASKILL, ROBERT L 28 FOREST PARK DR VERO BEACH FL 32962 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KURTZ, JOHN C 4332 2ND SQUARE SW VERO BEACH FL 32968 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ☒ 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

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 full power.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Kurtz 4/27/01 (561)562-9031

Date

Daytime Phone #

CR2E034 (10/00)