

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000068638**

1. Entity Name

MONTE VISTA ORLANDO, INC.**FILED****Feb 17, 2000 8:00 am**
Secretary of State

02-17-2000 90004 013 ***150.00

Principal Place of Business	Mailing Address
C/O SENTINEL REAL ESTATE CORPORATION 26TH FLOOR NEW YORK NY 10103 US	C/O SENTINEL REAL ESTATE CORPORATION 26TH FLOOR NEW YORK NY 10103 US

00022030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 666 Fifth Avenue		3. Mailing Address 666 Fifth Avenue	
Suite, Apt. #, etc. 26th Floor		Suite, Apt. #, etc. 26th Floor	
City & State New York, NY		City & State New York, NY	
Zip 10103	Country USA	Zip 10103	Country USA
4. FEI Number 69-3397353		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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]*
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STREICKER, JOHN H 666 FIFTH AVE NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CASSIDY, MILLIE C 666 FIFTH AVE NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINER, DAVID 666 FIFTH AVE NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELLI, NOEL 666 FIFTH AVE NW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition New York, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LONGO, ELIZABETH 666 FIFTH AVE NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WERMAN, SUSAN T 666 FIFTH AVE NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S Kenny, Michael J. 666 Fifth Avenue New York, NY 10103

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]* 1/10/00 (212) 408-2900
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #
Michael J. Kenny, Secretary

CR2E034 (9/99)