

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096198

1. Entity Name

POINTE VISTA II, INC.

Principal Place of Business

3300 S.HIAWASSEE ROAD., STE 107
ORLANDO FL 32835

Mailing Address

PO BOX 4961
ORLANDO FL 32802-4961
US

2. Principal Place of Business

800 N. HIGHLAND AVE.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32803

Country

USA

Zip

Country

4. FEI Number

59-3413452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLA.,INC
390 N. ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LS

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, 2000 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

TITLE VPS
NAME CARLTON, CHARLES S
STREET ADDRESS 3300 S.HIAWASSEE ROAD., STE 107
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE VPT
NAME KROPP, STEVEN G
STREET ADDRESS 3200 S.HIAWASSEE ROAD., STE 206
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE VPAS
NAME MCKINNEY, EUGENE J
STREET ADDRESS 3200 S.HIAWASSEE ROAD., STE 206
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 800 N. HIGHLAND AVE., SUITE 200
CITY-ST-ZIP ORLANDO, FL 32803 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 800 N. HIGHLAND AVE., SUITE 200
CITY-ST-ZIP ORLANDO, FL 32803 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 800 N. HIGHLAND AVE., SUITE 200
CITY-ST-ZIP ORLANDO, FL 32803 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN G. KROPP, VICE PRESIDENT

3-1-00

Date

407/297-1600

Daytime Phone #

CR2E034 (9/99)

FILED

00 MAR 10 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE