2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003688

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90055 015 ***158.75

1. Entity Name

AVISTA PROPERTIES VI, INC.

Principal Place of Business
5353 CONROY ROAD
ORLANDO FL 32811

Mailing Address
5353 CONROY ROAD
ORLANDO FL 32811-3709

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3422542 | Applied For | Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VALB, ANIL
5353 CONROY ROAD
SUITE 200
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name: Valbh, Anil
Street Address (P.O. Box Number is Not Acceptable): 5353 Conroy Road, Suite 200
City: Orlando FL Zip Code: 32811

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	PSTD	[ ] Delete
NAME	VALBH, ANIL I	
STREET ADDRESS	5353 CONROY ROAD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	XXX	[ ] Change [X] Addition
NAME	XXXXXXXXXXXXXX	
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
CITY-ST-ZIP	XXXXXXXXXXXXXXXXXXXXXXXXXX	
TITLE	XXX	[ ] Change [X] Addition
NAME	XXXXXXXXXXXXXX	
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
CITY-ST-ZIP	XXXXXXXXXXXXXXXXXXXXXXXXXX	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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 2/28/00 407-581-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #