

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006195

1. Entity Name
VISTA REALTY & DEVELOPMENT CORPORATION

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90025 003 ***558.75

Principal Place of Business Mailing Address
~~7579 COCONUT BLVD~~ ~~7579 COCONUT BLVD~~
WEST PALM BEACH FL 33412 WEST PALM BEACH FL 33412
12588-76th Rd.N. 12588-76th Rd.N.

2. Principal Place of Business 3. Mailing Address
12588-76th Rd.N. 12588-76th Rd.N.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
W. Palm Bch. FL W. Palm Bch. FL
Zip Country Zip Country
33412 U.S.A. 33412 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0719483
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, ROBERT J
7579 COCONUT BLVD
WEST PALM BEACH FL 33412

7. Name and Address of New Registered Agent

Name Wilson, Robert J.
Street Address (P.O. Box Number is Not Acceptable)
12588-76th Rd.N.
City W. Palm Beach FL Zip Code 33412

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] V.P. DATE 9-8-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	WILSON, ROBERT J	
STREET ADDRESS	18622 LAKESIDE GARDENS DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	S	<input type="checkbox"/> Delete
NAME	BANKS, TINA	
STREET ADDRESS	705 7TH CT	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOSTER, GREGORY SEAN	
STREET ADDRESS	15286 92 CT N	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

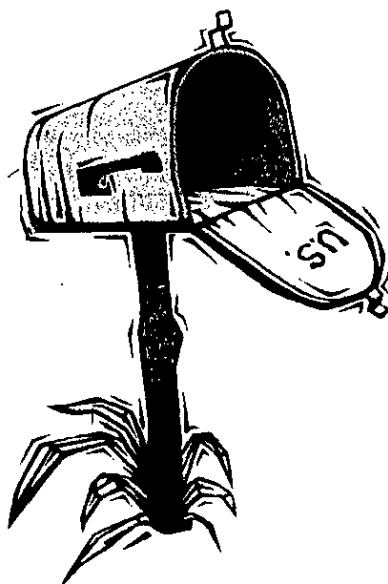
SIGNATURE: [Signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-00 561-795-7886
Date Daytime Phone #

CR2E034 (5/00)

attachment
p97000006195

ACOMKAT



**Our mailing address has changed !!!
Our new address is:**

**12588 76th Road North
West Palm Beach, FL
33412**