

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006195

1. Entity Name

VISTA REALTY & DEVELOPMENT CORPORATION

FILED

Mar 28, 2001 8:00 am  
Secretary of State

03-28-2001 90002 019 \*\*\*158.75

Principal Place of Business

Mailing Address

~~12588 76TH RD. N.~~  
WEST PALM BEACH FL 33412

~~12588 76TH RD. N.~~  
WEST PALM BEACH FL 33412

2. Principal Place of Business

3. Mailing Address

6271 Royal Palm Bch. Blvd. 6271 Royal Palm Bch. Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

W. Palm Beach FL

W. Palm Beach FL

Zip

Country

Zip

Country

33412 USA

33412 USA

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

7. Name and Address of New Registered Agent

WILSON, ROBERT J  
12588 76TH RD. N.  
WEST PALM BEACH FL 33412

Name  
Wilson Robert J.

Street Address (P.O. Box Number is not acceptable)  
6271 Royal Palm Bch. Blvd.

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 Robert J. Wilson DATE 3-12-01

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, 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 WILSON, ROBERT J 18622 LAKESIDE GARDENS DRIVE JUPITER FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BANKS, TINA 705 7TH CT PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOSTER, GREGORY SEAN 15288 92 CT N LOXAHATCHEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 Kendall, Gary D. 5108 Sesame St. Palm Beach Gardens FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Foster, Gregory Sean 8672 - 130th Avenue N. W. Palm Beach FL 33412	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Wilson 3/12/01 (561)795-7056

Date

Daytime Phone #

CR2E034 (10/00)