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## 2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE

## Feb 27, 2002 8:00 am Secretary of State DOCUMENT # P97000006195 1. Entity Name VISTA REALTY & DEVELOPMENT CORPORATION 02-27-2002 90066 008 \*\*\*158.75 Principal Place of Business Mailing Address 6271 ROYAL PALM BEACH BLVD 6271 ROYAL PALM BEACH BLVD WEST PALM BEACH FL 33412 WEST PALM BEACH FL 33412 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0719483 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILSON, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 6271 ROYAL PALM BEACH BLVD WEST PALM BEACH FL 33412 City Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD CR2E034 (9/01) ☐ Delete TITLE ☐ Change ☐ Addition NAME WILSON, ROBERT J NAME STREET ADDRESS 18622 LAKESIDE GARDENS DRIVE STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME KENDALL, GARY D NAME STREET ADDRESS 5108 SESAME STREET STREET ADDRESS CITY-ST-ZIP PALM BEACH GRDNS FL 33418 CITY-ST-ZIP Delete VD. TITLE ☐ Change ☐ Addition NAME FOSTER, GREGORY SEAN NAME STREET ADDRESS 8672 130TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33412 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling docindicated on this report or supplemental report is true and according the corporation or the receiver of trustee empowered to effect the corporation or the receiver of trustee empowered to effect the corporation or the receiver of trustee empowered to effect the corporation or the receiver of trustee empowered to effect the corporation or the receiver of trustee empowered to effect the corporation or the receiver of trustee empowered to effect the corporation of the corporation of the corporation or the receiver of trustee empowered to effect the corporation or the receiver of trustee empowered to effect the corporation or the receiver of trustee empowered to effect the corporation of the not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information urate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director code this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12