

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT # P98000042712

1. Entity Name

PRIMA VISTA MANAGEMENT, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

03-08-2000 90060 038 ***150.00

Principal Place of Business

Mailing Address

~~1649 SE HOLIDAY RD
PORT ST LUCIE FL 34953~~

~~1649 SE HOLIDAY RD
PORT ST LUCIE FL 34952-5417~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0849030

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

~~CHABERO, DENNIS
1649 SE HOLIDAY RD
PORT ST LUCIE FL 34953~~

Name Thomas M. Sims

Street Address Box Number is Not Acceptable
7319 Reserve Creek Dr.

Port St. Lucie, FL 34986

City

FL

Zip Code

8. The above named entity hereby certifies 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME AUTIN, JAMES L
STREET ADDRESS 1700 SE HILLMOOR DRIVE
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE ☐ Change ☒ Addition
NAME Sims, Thomas M.
STREET ADDRESS 7319 Reserve Creek Dr.
CITY-ST-ZIP Port St. Lucie, FL 34986

TITLE ☒ Delete
NAME ~~CHABERO, DENNIS~~
STREET ADDRESS ~~1649 SE HOLIDAY RD~~
CITY-ST-ZIP ~~PORT ST LUCIE FL 34953~~

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

TITLE ☐ Delete
NAME Pres. Thomas M. Sims
STREET ADDRESS 7319 RESERVE CREEK DR
CITY-ST-ZIP PORT ST. LUCIE, FL 34986

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THOMAS SIMS

2.22.00 5614679050

[Signature] 4/3/00