

2000 UNIFORM BUSINESS REPORT (UBR)

010208

DOCUMENT # P99000014974

1. Entity Name

AVISTA PROPERTIES IX, INC.

Principal Place of Business

5353 CONROY RD., STE. 200
ORLANDO FL 32811

Mailing Address

5353 CONROY RD., STE. 200
ORLANDO FL 32811-3709

FILED

00 FEB 21 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

59-3558383

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NANA, AJIT
5353 CONROY RD., STE. 200
ORLANDO FL 32811

Name

ANIL VALBH

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 **ANIL VALBH, PRESIDENT**

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 **D VALBH, ANIL**
STREET ADDRESS **5353 CONROY RD., STE. 200**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Change ☐ Addition
NAME **300003171923--7**
STREET ADDRESS **-03/16/00--01002--015**
CITY-ST-ZIP ******158.75 ****158.75**

TITLE ☐ Delete
NAME **D JOBALIA, DIPKA D**
STREET ADDRESS **5353 CONROY RD., STE. 200**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☒ Change ☐ Addition
NAME **D JOBALIA, DIPAK**
STREET ADDRESS **5353 CONROY ROAD, SUITE 200**
CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 information.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/00

Date

407-581-9000

Daytime Phone #

CR2E034 (9/99)