

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90049 044 \*\*\*150.00

**DOCUMENT # V70257**

1. Entity Name

**BUENA VISTA TRADING COMPANY**

Principal Place of Business

**200 CELEBRATION PLACE  
 CELEBRATION FL 34747  
 US**

Mailing Address

**500 SOUTH BUENA VISTA ST  
 BURBANK CA 91521-0001  
 US**

2. Principal Place of Business

3. Mailing Address

**500 SOUTH BUENA VISTA STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**BURBANK, CA**

4. FEI Number

**59-3145676**

Applied For

Not Applicable

Zip

Country

Zip

Country

**91521-0586 \***

**US**

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

**IOPPOLO, FRANK S  
 1375 BUENA VISTA DR  
 4TH FLOOR N  
 LAKE BUENA VISTA FL 32380**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WEISS, ALLEN R 200 CELEBRATION PLACE CELEBRATION FL 34747</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MELTZER FLAMM, ILESE 1375 BURNA VISTA DR LAKE BUENA VISTA FL 32830</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GIBBS, MATTHEW T II 200 CELEBRATION PLACE CELEBRATION FL 34747</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LITVACK, SANFORD M 500 S BUENA VISTA ST BURBANK CA 91521</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD REED, MARSHA L 500 SOUTH BUENA VISTA ST BURBANK CA 91521</b>	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SCHULTZ, TERRI A. 200 CELEBRATION PLACE CELEBRATION, FL 34747</b>	<input type="checkbox"/> Change <input checked="" 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: **MARSHA L. REED** *Marsha L. Reed*

Date **4-6-00**

Daytime Phone # **(818) 560-1000**

CR2E034 (9/99)