

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90127 043 \*\*\*150.00

**A0061808**

DO NOT WRITE IN THIS SPACE

**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 STREET, BURBANK, CA 91521-0586 US**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **59-3145676**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**IOPPOLO, FRANK S.**  
**1375 BUENA VISTA DRIVE**  
**4TH FLOOR NORTH**  
**LAKE BUENA VISTA, FL 32830**

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (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	
TITLE: PD NAME: WEISS, ALLEN R. STREET ADDRESS: 200 CELEBRATION PLACE CITY-ST-ZIP: CELEBRATION, FL 34747	<input type="checkbox"/> Delete
TITLE: S NAME: MELTZER-FLAMM, ILESE STREET ADDRESS: 1375 BUENA VISTA DRIVE CITY-ST-ZIP: LAKE BUENA VISTA, FL 32830	<input checked="" type="checkbox"/> Delete
TITLE: T NAME: SCHULTZ, TERRI A. STREET ADDRESS: 200 CELEBRATION PLACE CITY-ST-ZIP: CELEBRATION, FL 34747	<input type="checkbox"/> Delete
TITLE: D NAME: LITVACK, SANFORD M. STREET ADDRESS: 500 SOUTH BUENA VISTA STREET CITY-ST-ZIP: BURBANK, CA 91521	<input checked="" type="checkbox"/> Delete
TITLE: ASD NAME: REED, MARSHA L. STREET ADDRESS: 500 SOUTH BUENA VISTA STREET CITY-ST-ZIP: BURBANK, CA 91521	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: WEISS, ALLEN R. STREET ADDRESS: 1375 BUENA VISTA DRIVE CITY-ST-ZIP: LAKE BUENA VISTA, FL 32830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VS NAME: SCHMUDDE, LEE STREET ADDRESS: 1375 BUENA VISTA DRIVE CITY-ST-ZIP: LAKE BUENA VISTA, FL 32830	<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: D NAME: IGER, ROBERT A. STREET ADDRESS: 500 SOUTH BUENA VISTA STREET CITY-ST-ZIP: BURBANK, CA 91521	<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: AT NAME: BUETTNER, ANNE L. STREET ADDRESS: 500 SOUTH BUENA VISTA STREET CITY-ST-ZIP: BURBANK, CA 91521	<input type="checkbox"/> Change <input checked="" 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**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **4/13/01** (818) 560-1000  
 Daytime Phone #

CR2E034 (11/00)