

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F84059

Entity Name: LEEVISTA, INC.**Current Principal Place of Business:**6509 HAZELTINE NATIONAL DR
SUITE 6
ORLANDO, FL 32822**Current Mailing Address:**6509 HAZELTINE NATIONAL DR
SUITE 6
ORLANDO, FL 32822 US**FEI Number:** 59-2204820**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEE, RICHARD T
6509 HAZELTINE NATIONAL DR
SUITE 6
ORLANDO, FL 32822 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name LEE, RICHARD T
Address 6509 HAZELTINE NAT'L DR STE 6
City-State-Zip: ORLANDO FL 32822

Title VTD
Name LEE, KATHLEEN S
Address 6509 HAZELTINE NAT'L DR STE 6
City-State-Zip: ORLANDO FL 32822

Title VD
Name BARROW, LORRAYNE L
Address 6509 HAZELTINE NAT'L DR STE 6
City-State-Zip: ORLANDO FL 32822

Title V
Name JOHNSON, MICHELLE L
Address 6509 HAZELTINE NAT'L DR STE 6
City-State-Zip: ORLANDO FL 32822

Title V
Name LEE, THOMAS GII
Address 6509 HAZELTINE NAT'L DR STE 6
City-State-Zip: ORLANDO FL 32822

Title V
Name BARROW, SHAWN L
Address 6509 HAZELTINE NAT'L DR STE 6
City-State-Zip: ORLANDO FL 32822

Title V
Name JOHNSON, RANDALL D
Address 6509 HAZELTINE NATIONAL DR
SUITE 6
City-State-Zip: ORLANDO FL 32822

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD T LEE

PD

02/10/2015

Electronic Signature of Signing Officer/Director Detail

Date