

2020 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 G II
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: SHAWN BARROW

V

01/16/2020

Electronic Signature of Signing Officer/Director Detail_____
Date