

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V70257

**FILED**  
**May 01, 2017**  
**Secretary of State**  
**CC8364518668**

**Entity Name:** BUENA VISTA TRADING COMPANY

**Current Principal Place of Business:**

1390 CELEBRATION BLVD.  
CELEBRATION, FL 34747

**Current Mailing Address:**

500 SOUTH BUENA VISTA ST  
BURBANK, CA 91521-0105 US

**FEI Number:** 59-3145676

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GIACALONE, MARGARET C  
1375 BUENA VISTA DR  
4TH FLOOR NORTH  
LAKE BUENA VISTA, FL 32380 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 ASST TREASURER  
Name SOLOMON, AARON H  
Address 1170 CELEBRATION BOULEVARD  
City-State-Zip: CELEBRATION FL 34747

Title ASST SECRETARY  
Name GIBBS, BRENT J  
Address 1375 E BUENA VISTA DRIVE  
City-State-Zip: LAKE BUENA VISTA FL 32830

Title SENIOR VICE PRESIDENT  
Name VAHLE, JEFF  
Address 3401 EAST VISTA BOULEVARD  
City-State-Zip: LAKE BUENA VISTA FL 32830

Title PRESIDENT, DIRECTOR  
Name HOLZ, KARL L  
Address 200 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

Title VICE PRESIDENT  
Name SCHMUDDE, LEE  
Address 1375 EAST BUENA VIST DRIVE  
City-State-Zip: LAKE BUENA VISTA FL 32830

Title ASST SECRETARY  
Name NIEMAN, LEIGH ANNE  
Address 1390 CELEBRATION BLVD.  
City-State-Zip: CELEBRATION FL 34747

Title SECRETARY, DIRECTOR, VICE PRESIDENT  
Name REED, MARSHA L  
Address 500 SOUTH BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521-0105

Title VICE PRESIDENT  
Name SAKASKE, SHANNON  
Address 1390 CELEBRATION BLVD.  
City-State-Zip: CELEBRATION FL 34747

**Continues on page 2**

*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:** MARSHA L REED

**SECRETARY, DIRECTOR, VP** 05/01/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           SCHULTZ, TERRI A  
Address        200 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

Title           ASST SECRETARY  
Name           CHANG, YVONNE  
Address        1390 CELEBRATION BLVD.  
City-State-Zip: CELEBRATION FL 34747