

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V70257

**FILED**  
**Jan 26, 2023**  
**Secretary of State**  
**8885653820CC**

**Entity Name:** BUENA VISTA TRADING COMPANY

**Current Principal Place of Business:**

215 CELEBRATION PLACE  
SUITE 300  
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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 BELZER, GREGORY  
Address 500 SOUTH BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521-0105

Title DIRECTOR, PRESIDENT  
Name MAZLOUM, THOMAS  
Address 210 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

Title TREASURER  
Name GOMEZ, CARLOS A  
Address 500 SOUTH BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521-0105

Title DIRECTOR, SECRETARY  
Name GAVAZZI, CHAKIRA H  
Address 500 SOUTH BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521-0105

Title VP  
Name SAKASKE, SHANNON  
Address 215 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

Title VP  
Name SCHULTZ, TERRI A  
Address 215 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR  
Name DIERCKSEN, WILLIAM  
Address 215 CELEBRATION PLACE  
SUITE 300  
City-State-Zip: CELEBRATION FL 34747

Title ASST. SECRETARY  
Name SOLOMON, AARON H  
Address 1170 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

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*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:** CHAKIRA H GAVAZZI

**SECRETARY**

**01/26/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. TREASURER  
Name GROSSMAN, DANIEL F  
Address 500 SOUTH BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521-0105

Title ASST. SECRETARY  
Name YOUNG, LEE R  
Address 1170 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

Title ASST. SECRETARY  
Name STEED, SHANNA L  
Address 640 PAULA AVE  
City-State-Zip: GLENDALE CA 91201

Title VP  
Name STOWELL, JOHN A  
Address 500 SOUTH BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521-0105

Title ASST. SECRETARY  
Name SALAMA, MICHAEL  
Address 500 SOUTH BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521-0105

Title VP  
Name MCGOWAN, JOHN M  
Address 1375 EAST BUENA VISTA DRIVE  
City-State-Zip: LAKE BUENA VISTA FL 32830