

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 730754**

1. Entity Name

VISUALLY IMPAIRED PERSONS OF SOUTHWEST FLORIDA,

Principal Place of Business

Mailing Address

P.O. BOX 3464
N FT. MYERS FL 33918P.O. BOX 3464
N FT. MYERS FL 33918-3464

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1665257

Applied For

Not Applied For

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**KANE, GEORGE C.
16900 SLATER RD., LOT 157
N.FORT MYERS FL 33903**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	SMITH, VIRGINIA	8395 SEVIGNY DRIVE	NORTH FT. MYERS FL	<input type="checkbox"/>
D	COCHRAN, CHRISTOPHER	39971 LITTLE FARM ROAD	PUNTA GORDA FL	<input checked="" type="checkbox"/>
D	THORNTON, JOYCE	5883 WYLDWOOD LAKES COURT	FT. MYERS FL 33919	<input checked="" type="checkbox"/>
V	ALLEN, JOHN	4460 GREENWOOD AVE.	FORT MYERS FL	<input type="checkbox"/>
S	TAYLOR MARGARET,	1715 GOLF CLUB DRIVE	NORTH FORT MYERS FL 33903	<input type="checkbox"/>
D	SCHEIDL, ANNA MARIE	19621-46 NO TAMiami TRAIL	NO FORT MYERS FL	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DIRECTOR	COCHRAN, ALMA	39971 LITTLE FARM ROAD	PUNTA GORDA, FL 33955	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECOND VICE PRESIDENT	RINKENBACK, ALBERT	7243 WINKLER ROAD	FORT MYERS, FL 33919	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-00 941-997-71

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90100 028 ****61.25

J U I 4 2 0



DO NOT WRITE IN THIS SPACE