

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730754

1. Entity Name

VISUALLY IMPAIRED PERSONS OF SOUTHWEST FLORIDA,

Principal Place of Business

35 WEST MARIANA AVENUE  
NORTH FORT MYERS FL 33903

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1665257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KING, TERRY N  
24243 PIRATE HARBOR BLVD.  
PUNTA GORDA FL 33955

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

T  
TITLE NAME SMITH, VIRGINIA  
STREET ADDRESS 8395 SEVIGNY DRIVE  
CITY-ST-ZIP NORTH FT. MYERS FL ☐ Delete

1VPD  
TITLE NAME HOUSE, HONOR  
STREET ADDRESS 1925 VIRGINIA AVE 1101  
CITY-ST-ZIP FT. MYERS FL 33901 ☐ Delete

2VP  
TITLE NAME RINKENBACK, ALBERT  
STREET ADDRESS 7243 WINKLER RD  
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

P  
TITLE NAME KILGORE, LOIS A  
STREET ADDRESS 3101 S.E. 10TH PLACE  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

S  
TITLE NAME KING, TERRY N  
STREET ADDRESS 24243 PIRATE HARBOR BLVD.  
CITY-ST-ZIP PUNTA GORDA FL 33955 ☐ Delete

D  
TITLE NAME SCHEIDL, ANNA MARIE  
STREET ADDRESS 19621-46 NO TAMiami TRAIL  
CITY-ST-ZIP NO FORT MYERS FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

CR2E037 (10/00)

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

LOIS A. Kilgore

2-13-01

941-997-7797