

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002962

1. Entity Name

VISIONWEAVERS FOUNDATION, INC.

Principal Place of Business

~~918 RAILROAD~~  
TALLAHASSEE FL ~~32310~~

Mailing Address

~~918 RAILROAD~~  
TALLAHASSEE FL ~~32310~~

2. Principal Place of Business

3676 Corinth Drive  
Suite, Apt. #, etc.

3. Mailing Address

3676 Corinth Drive  
Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32309

Country

USA

City & State

Tallahassee FL

Zip

32309

Country

USA

4. FEI Number

19-3401137

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FROST, GREGORY  
918 RAILROAD  
TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent

Name

Martha Weinstein

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

1510 Wekewa Nene

City

Tallahassee

FL

Zip Code

32301

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

Martha Weinstein

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

(NOTE: Registered Agent signature required when reinstating)

9/10/01

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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	PD FROST, GREGORY 918 RAILROAD TALLAHASSEE FL 32310	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARKER, HERBERT 3510 TULLAMORE LANE TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, KENT 2004 W. RANDOLPH CIRCLE TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Martha Weinstein 1510 Wekewa Nene Tallahassee FL 32301-6727	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Press, Sharon 5721 Grassland Road Tallahassee, FL 32307	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lorraine Wells 3676 Corinth Drive Tallahassee FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400004597324--1 -09/18/01--01064--022 *****61.25 *****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Martha Weinstein

9/10/01

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SP

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 12 PM 4:41



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)