

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90028 026 \*\*\*\*61.25

**DOCUMENT # N96000003595**

1. Entity Name

**VISION IS PRICELESS COUNCIL, INC.**

Principal Place of Business

1820 BARRS STREET  
 SUITE 546  
 JACKSONVILLE FL 32204

Mailing Address

1820 BARRS STREET  
 SUITE 546  
 JACKSONVILLE FL 32204

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

**59-3386495**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BAUMER, CAROL B**  
**1820 BARRS STREET**  
**SUITE 546**  
**JACKSONVILLE FL 32204**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D</b> <b>CHANDLER, WARREN L</b> PO BOX 2982 JACKSONVILLE FL 32203	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D</b> <b>BETCHKAL, JANET MD</b> 1820 BARRS STREET JACKSONVILLE FL 32204	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D</b> <b>HERED, ROBERT W M.D.</b> P. O. BOX 5720 N/A JACKSONVILLE FL 32247	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D</b> <b>MCINTOSH, ANNE G</b> 4063 RIBAULE RIVER LANE JACKSONVILLE FL 32208	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D</b> <b>WIGGINS, C. DONALD D.B.A.</b> 225 WALTER STREET STE 1250 JACKSONVILLE FL 32202	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D</b> <b>BAUMER, CAROL B</b> 1820 BARRS STREET, SUITE 546 JACKSONVILLE FL 32204	<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:

*Carol B. Baumer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/16/02*  
 Date

(904)308-2020  
 Daytime Phone #

CR2E037 (9/01)