

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90084 002 \*\*\*\*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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **CHANDLER, WARREN L**  
STREET ADDRESS **PO BOX 2982**  
CITY-ST-ZIP **JACKSONVILLE FL 32203**

TITLE **D** ☐ Change ☒ Addition  
NAME **Mary B. Harvey**  
STREET ADDRESS **360 Tidewater Dr.**  
CITY-ST-ZIP **Jacksonville, FL 32211**

TITLE **B** ☐ Delete  
NAME **BETCHKAL, JANET MD**  
STREET ADDRESS **1820 BARRS STREET**  
CITY-ST-ZIP **JACKSONVILLE FL 32204**

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

TITLE **D** ☐ Delete  
NAME **HERED, ROBERT W M.D.**  
STREET ADDRESS **P. O. BOX 5720 N/A**  
CITY-ST-ZIP **JACKSONVILLE FL 32247**

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

TITLE **D** ☐ Delete  
NAME **MCINTOSH, ANNE G**  
STREET ADDRESS **4063 RIBAULE RIVER LANE**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

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

TITLE **D** ☐ Delete  
NAME **WIGGINS, C. DONALD D.B.A.**  
STREET ADDRESS **225 WALTER STREET STE 1250**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

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

TITLE **D** ☐ Delete  
NAME **BAUMER, CAROL B**  
STREET ADDRESS **1820 BARRS STREET, SUITE 546**  
CITY-ST-ZIP **JACKSONVILLE FL 32204**

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

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.

**Carol B. Baumer**

SIGNATURE:

**Carol B. Baumer**

1/10/03

(904) 308-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)