

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001138

1. Entity Name

SUPERIOR VISION PLAN, INC.

FILED

00 OCT -2 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

24012 CALLE DE LA PLATA SUITE 470  
LAGUNA HILLS CA 92653

Mailing Address

24012 CALLE DE LA PLATA SUITE 470  
LAGUNA HILLS CA 92653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

470

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3741352

Applied For

Not Applicable

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

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOD  
CORBETT, RICK  
7185 SIERRA DRIVE  
GRANITE BAY CA 95746 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FRITCH, CHARLES D DR  
12200 SNOW RD  
BAKERSFIELD CA 93312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MERRIAM, WILLIAM R  
25 GIDEONS POINT RD  
TONKA BAY MN 55331 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LUND, JAMES L  
9595 WILSHIRE BLVD  
BEVERLY HILLS CA 90212 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DESTEFANO, DESIREE  
555 THEODORE FREMD AVE #B-302  
RYE NY 10580 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TSD  
JACOBSEN, ROGER D  
3537 DUNBAR KNOLL  
BROOKLYN PARK MN 55443 ☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Theresa A. Wurst  
20 Washington Ave So.  
Minneapolis, MN 55401 ☐ Change ☒ Addition

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard P. Corbett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/00

Date

Daytime Phone #

CR2E034 (5/00)