

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90190 031 \*\*\*150.00

**DOCUMENT # F98000001138**

1. Entity Name  
**SUPERIOR VISION PLAN, INC.**

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**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**11050 Olson Dr  
Suite 102  
Rancho Cordova, CA  
95670**

3. Mailing Address  
**24012 Calle de la Plata  
Suite 470  
Laguna Hills, CA  
92653**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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	CEOD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBETT, RICK		NAME		
STREET ADDRESS	7185 SIERRA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GRANITE BAY CA 95746		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITCH, CHARLES D DR		NAME		
STREET ADDRESS	12200 SNOW RD		STREET ADDRESS		
CITY-ST-ZIP	BAKERSFIELD CA 93312		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WURST, THERESA A		NAME		
STREET ADDRESS	20 WASHINGTON AVE SO.		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN 55401		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUND, JAMES L		NAME		
STREET ADDRESS	9595 WILSHIRE BLVD		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS CA 90212		CITY-ST-ZIP		
TITLE	TSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSEN, ROGER D		NAME		
STREET ADDRESS	3537 DUNBAR KNOLL		STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN PARK MN 55443		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Rick P. Corbett Rick P. Corbett 2/5/01 916-852-2288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)