

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90207 019 ****70.00

DOCUMENT # 730754

1. Entity Name

**VISUALLY IMPAIRED PERSONS OF SOUTHWEST FLORIDA,
INCORPORATED**

Principal Place of Business

Mailing Address

**35 WEST MARIANA AVENUE
NORTH FORT MYERS FL 33903**

**P.O. BOX 3464
N. FT. MYERS FL 33918-3464**

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

59-1665257

Applied For

Not Applicable

5. Certificate of Status Desired **XX**

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KING, TERRY N
24243 PIRATE HARBOR BLVD.
PUNTA GORDA FL 33955**

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

TITLE ☐ Delete
NAME **T SMITH, VIRGINIA**
STREET ADDRESS **8395 SEVIGNY DRIVE**
CITY-ST-ZIP **NORTH FT. MYERS FL**

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

TITLE ☒ Delete
NAME **1VPD HOUSE, HONOR**
STREET ADDRESS **1925 VIRGINIA AVE 1101**
CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE ☒ Change ☒ Addition
NAME **1VP THORNTON, JOYCE**
STREET ADDRESS **5883 WYLDWOOD LAKES COURT**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☒ Delete
NAME **2VP RINKENBACK, ALBERT**
STREET ADDRESS **7243 WINKLER RD**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Change ☒ Addition
NAME **2VP ZUPKO, ALICE**
STREET ADDRESS **5886 GUEST COURT**
CITY-ST-ZIP **NORTH FORT MYERS, FL 33903**

TITLE ☐ Delete
NAME **P KILGORE, LOIS A**
STREET ADDRESS **3101 S.E. 10TH PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☒ Change ☐ Addition
NAME **S KILGORE, LOIS A.**
STREET ADDRESS **3101 S.E. 10TH PLACE**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Delete
NAME **S KING, TERRY N**
STREET ADDRESS **24243 PIRATE HARBOR BLVD.**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE ☒ Change ☐ Addition
NAME **P KING, TERRY N.**
STREET ADDRESS **24243 PIRATE HARBOR BLVD.**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE ☐ Delete
NAME **D SCHEIDL, ANNA MARIE**
STREET ADDRESS **19621-46 NO TAMAMI TRAIL**
CITY-ST-ZIP **NO FORT MYERS FL**

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.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02
Date

Daytime Phone #

CR2E037 (9/01)