

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 256675

1. Entity Name

JOHNSON & JOHNSON VISION PRODUCTS, INC.

JOHNSON & JOHNSON VISION CARE, INC.

Principal Place of Business

Mailing Address

4500 SALISBURY RD.  
PO BOX 10157  
JACKSONVILLE FL 32216-7157

4500 SALISBURY RD.  
PO BOX 10157  
JACKSONVILLE FL 32216-0959

2. Principal Place of Business

7500 Centurion Pkwy

3. Mailing Address

7500 Centurion Pkwy

Suite, Apt. #, etc.

Ste 100

Suite, Apt. #, etc.

Ste 100

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32256

Country

Duval

Zip

32256

Country

Duval

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 \$150.00**  
**After MAY 1, 2000 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 ☐ Delete

NAME  
P  
KEEFER, P R  
STREET ADDRESS  
7596 CENTURION PKWY  
CITY-ST-ZIP  
JACKSONVILLE FL 32216

TITLE ☒ Change ☐ Addition

NAME  
7500 Centurion Pkwy Ste 100  
STREET ADDRESS  
Jacksonville, FL 32256  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
P  
CALLAHAN, J.M.  
STREET ADDRESS  
4500 SALISBURY RD.  
CITY-ST-ZIP  
JACKSONVILLE FL

TITLE ☒ Change ☐ Addition

NAME  
7500 Centurion Pkwy Ste 100  
STREET ADDRESS  
Jacksonville, FL 32256  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
S  
SIEVERS, M  
STREET ADDRESS  
1 JOHNSON & JOHNSON PLZ  
CITY-ST-ZIP  
NEW BRUNSWICK NJ 08933

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
AS  
ROGASKI, S.  
STREET ADDRESS  
4500 SALISBURY RD.  
CITY-ST-ZIP  
JACKSONVILLE FL

TITLE ☒ Change ☐ Addition

NAME  
7500 Centurion Pkwy Ste 100  
STREET ADDRESS  
Jacksonville, Florida 32256  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
V  
STEPHENS, W. P  
STREET ADDRESS  
4500 SALISBURY RD.  
CITY-ST-ZIP  
JACKSONVILLE FL

TITLE ☒ Change ☐ Addition

NAME  
7500 Centurion Pkwy Ste 100  
STREET ADDRESS  
Jacksonville, Florida 32256  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
VF  
TREMEL, S J  
STREET ADDRESS  
4500 SALISBURY RD.  
CITY-ST-ZIP  
JACKSONVILLE FL 32216

TITLE ☒ Change ☐ Addition

NAME  
7500 Centurion Pkwy Ste 100  
STREET ADDRESS  
Jacksonville, FL 32256  
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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90126 004 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0948197

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

CR2E034 (9/99)

4/26/2000 904-443-1057