

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745715

Entity Name

UNITED VISION CARE PLAN, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90184 037 ****61.25

Principal Place of Business

20 S. GADSDEN STREET
PO BOX 1878
TALLAHASSEE FL 32302-8878

Mailing Address

1720 S. GADSDEN STREET
P O BOX 1878
TALLAHASSEE FL 32302-8878

00030414



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1892012

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FRINGE BENEFITS MANAGEMENT CO.
1720 S. GADSDEN ST.
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

FILE NAME	PD	<input type="checkbox"/> Delete
STREET ADDRESS	LEVITT, ALAN R.	
CITY-ST-ZIP	1031 IVES DAIRY RD., STE 133 NORTH MIAMI BEACH FL	
FILE NAME	OD	<input type="checkbox"/> Delete
STREET ADDRESS	LEVITT, ALAN P	
CITY-ST-ZIP	1031 IVES DAIRY RD #133 MIAMI FL 33179	
FILE NAME	TD	<input type="checkbox"/> Delete
STREET ADDRESS	PINTZOW, WILLIAM	
CITY-ST-ZIP	14317 S DIXIE HWY MIAMI FL	
FILE NAME	SD	<input type="checkbox"/> Delete
STREET ADDRESS	BERGMAN, FREDERICK	
CITY-ST-ZIP	2134 NE 123RD ST N MIAMI FL	
FILE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	PINTZOW, WILLIAM	
CITY-ST-ZIP	14317 S. DIXIE HWY MIAMI FL	
FILE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	CLARIN, BRUCE	
CITY-ST-ZIP	14317 S. DIXIE HWY MIAMI FL	

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dr. Leonard Chaback	
STREET ADDRESS	10321 N. Kendall Dr. St 103-E	
CITY-ST-ZIP	Miami FL 33176 305-388-2020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2/4/02

Date

Deputy Phone #

CR2E037 (9/01)