

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90629 012 ****61.25

DOCUMENT # 745715

1. Entity Name

UNITED VISION CARE PLAN, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

1985 NW 88 CT.

3. Mailing Address

1985 NW 88 CT.

Suite, Apt. #, etc.

STE. 201

Suite, Apt. #, etc.

STE. 201

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33172

Country

MIAMI-DADE

Zip

33172

Country

MIAMI-DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1892012**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **LARRY NONES, CPA**
Street Address (P.O. Box Number is Not Acceptable)
1985 NW 88 CT, STE 201
City **MIAMI** FL Zip Code **33172**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

LARRY NONES, CPA

1/17/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERDACK, LEONARD M.	
STREET ADDRESS	10521 N. KENDALL DR. - E103	
CITY-ST-ZIP	MIAMI, FL 33176	
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		

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

4/10/03

(305) 471-0777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)