

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91756 042 ***150.00

DOCUMENT # F95000002951

1. Entity Name

COLE MANAGED VISION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O COLE VISION CORPORATION C/O COLE VISION CORPORATION

Suite, Apt. #, etc. ATTN: TAX DEPT
1925 ENTERPRISE PARKWAY

City & State
TWINSBURG, OHIO

Zip
44087

Country
SUMMIT

3. Mailing Address

Suite, Apt. #, etc. ATTN: TAX DEPT
1925 ENTERPRISE PARKWAY

City & State
TWINSBURG, OHIO

Zip
44087

Country
SUMMIT

DO NOT WRITE IN THIS SPACE

4. FEI Number

34-1795292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

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)** ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD COLE, JEFFREY A 5200 THREE VILLAGE DR LYNDHURST, OHIO 44124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLDEN, STEHPEN L. 1761 EAST HAYMARKET WAY HUDSON, OHIO 44236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAGLIOTI, JOSEPH 3071 NORTH PARK BLVD CLEVELAND HEIGHTS, OHIO 44118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNN, LESLIE D. 2849 GLENGARY ROAD SHAKER HEIGHTS, OHIO 44120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHERRIFF, DAVID T. 2261 HALCYON ROAD BEACHDOOW, OHIO 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ASST TREAS 2/29/2002 330-486-3000