

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000977

1. Entity Name

THE SOUTHEAST VISION FOUNDATION, INC.

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

05-09-2000 90004 029 ****61.25

Principal Place of Business
315 N. FRONT ST.
HARRISBURG PA 17101-1203

Mailing Address
1027 MUMMA RD
WORMLEYSBURG PA 17043-1118
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

4. FEI Number
25-1699703

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MORRISON, JAMES
MORRISON INTERNATIONAL
2201 CANTU COURT, SUITE 115
SARASOTA FL 34232

7. Name and Address of New Registered Agent
Name
SHANNON COX
Street Address (P.O. Box Number is Not Acceptable)
2842 Avenue "C" West
City
Bradenton FL Zip Code
34205

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 | C | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KUNKEL, W. MINSTER MD | | NAME | | |
| STREET ADDRESS | 537 BRIDGEVIEW DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | LEMOYNE PA 17043 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ORBACH, BERNARD J | | NAME | | |
| STREET ADDRESS | 11 NORTH THIRD ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | HARRISBURG PA 17101 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SCHWARTZ, ROBERT C MD | | NAME | | |
| STREET ADDRESS | 857 S ARLINGTON AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | HARRISBURG PA 17109 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | NICHOLS, DIANNE I ESQ. | | NAME | | |
| STREET ADDRESS | 150 S. COLLEGE ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | CARLISLE PA 17013 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PARTHEMER, MARK R ESQ. | | NAME | | |
| STREET ADDRESS | 2 NORTH 2ND ST 7TH FL | | STREET ADDRESS | | |
| CITY-ST-ZIP | HARRISBURG PA 17101 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SMELTZER, JAMES A CPA | | NAME | | |
| STREET ADDRESS | 201 SENATE AVE, STE 650 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CAMP HILL PA 17011 | | 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
Date
Daytime Phone #