

2002 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 01, 2002 8:00 am
Secretary of State

03-25-2002 90145 032 ****61.25

DOCUMENT # F96000000977

1. Entity Name

THE SOUTHEAST VISION FOUNDATION, INC.

Principal Place of Business

**100 PINE ST
HARRISBURG PA 17101-1166**

Mailing Address

**1027 MUMMA RD
WORMLEYSBURG PA 17043
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

25-1699703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**COX, SHARON
2842 AVENUE C WEST
BRADENTON FL 34205**

*The Registered Agent
has not changed. This
was a correction of the
spelling of Shannon's
name*

7. Name and Address of New Registered Agent

Name

Cox SHANNON

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

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

TITLE ☐ Delete
NAME **C. KUNKEL, W. MINSTER MD**
STREET ADDRESS **537 BRIDGEVIEW DR.**
CITY-ST-ZIP **LEMOYNE PA 17043**

TITLE ☐ Delete
NAME **D ORBACH, BERNARD J**
STREET ADDRESS **11 NORTH THIRD ST**
CITY-ST-ZIP **HARRISBURG PA 17101**

TITLE ☐ Delete
NAME **D SCHWARTZ, ROBERT C MD**
STREET ADDRESS **857 S ARLINGTON AVE**
CITY-ST-ZIP **HARRISBURG PA 17109**

TITLE ☐ Delete
NAME **P NICHOLS, DIANNE I ESQ.**
STREET ADDRESS **150 S. COLLEGE ST.**
CITY-ST-ZIP **CARLISLE PA 17013**

TITLE ☐ Delete
NAME **S PARTHEMER, MARK R ESQ.**
STREET ADDRESS **2 NORTH 2ND ST 7TH FL**
CITY-ST-ZIP **HARRISBURG PA 17101**

TITLE ☐ Delete
NAME **T SMELTZER, JAMES A CPA**
STREET ADDRESS **201 SENATE AVE, STE 650**
CITY-ST-ZIP **CAMP HILL PA 17011**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/02 717-711-0211

CR2E037 (9/01)