

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002153

1. Entity Name

VISION BENEFITS OF AMERICA, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90063 019 ***150.00

Principal Place of Business

Mailing Address

300 WEYMAN RD
WEYMAN PLAZA, SUITE 400
PITTSBURGH PA 15236

300 WEYMAN RD
WEYMAN PLAZA, SUITE 400
PITTSBURGH PA 15236-1520

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

23-2877974

Applied For

Not Applicable

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

CORPAMERICA, INC.
1525 S. ANDREWS AVE, SUITE 216
FT LAUDERDALE FL 33316

Name

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GISSIN, MICHAEL S
STREET ADDRESS 300 WEYMAN PLAZA
CITY-ST-ZIP PITTSBURGH PA 15236

TITLE D ☐ Change ☒ Addition
NAME Peter G. Theodorus, O.D.
STREET ADDRESS Penns Valley Area Medical Center
CITY-ST-ZIP Spring Mills, PA 16875

TITLE T ☐ Delete
NAME PHILLIPS, DONALD G
STREET ADDRESS 300 WEYMAN PLAZA
CITY-ST-ZIP PITTSBURGH PA 15236

TITLE D ☐ Change ☒ Addition
NAME Michael A. Weiss, Esq.
STREET ADDRESS 58th Floor, USX Tower, 600 Grant Street
CITY-ST-ZIP Pittsburgh, PA 15219

TITLE S ☐ Delete
NAME SHAFFER, DIANNE D
STREET ADDRESS 300 WEYMAN PLAZA
CITY-ST-ZIP PITTSBURGH PA 15236

TITLE D ☐ Change ☒ Addition
NAME Claudia J. Wendel, O.D.
STREET ADDRESS 808 Broadway
CITY-ST-ZIP McKees Rocks, PA 15136

TITLE D ☐ Delete
NAME ROSS, EDWARD W
STREET ADDRESS 300 WEYMAN PLAZA
CITY-ST-ZIP PITTSBURGH PA 15236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JONES, DAVID J MD
STREET ADDRESS 300 WEYMAN PLAZA
CITY-ST-ZIP PITTSBURGH PA 15236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MAY, BRUCE M OD
STREET ADDRESS 300 WEYMAN PLAZA
CITY-ST-ZIP PITTSBURGH PA 15236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Dianne D. Shaffer

04/25/00

(412) 881-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #