

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000926

1. Entity Name

COORDINATED VISION CARE INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90091 021 ***550.00

Principal Place of Business

9900 CARVER ROAD, STE 200
CINCINNATI OH 45242

Mailing Address

9900 CARVER ROAD, STE 200
CINCINNATI OH 45242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1603051

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
EHRENPREIS, JOEL
9900 CARVER RD., STE 200
CINCINNATI OH ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
MCMULLEN, PATRICK
9900 CARVER RD., STE 200
CINCINNATI OH ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
SOBKOWIAK, DAVID
9900 CARVER RD., STE 200
CINCINNATI OH ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASST TREASURER
WEISS, ALLAN
MN012-N221, 5901 LINCOLN DR.
EDINA MN ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COLBY, RON
PO BOX 1456, RT#MN008-E221 N/A
MINNEAPOLIS MN ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RODGERS, STEPHAN
MN-008-W313 9900 BREN RD EAST
MINNETONKA MN ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCDONAUGH, BERNARD
MN008-T125, PO BOX 1459 N/A
MINNEAPOLIS MN ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOVERMAN, KENNETH
10560 ASHVIEW PLACE., STE 205
CINCINNATI OH ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00 (513) 719-1007