

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 21, 2001 08:00 AM****Secretary of State****DOCUMENT # F99000005075**1. Entity Name
COMMUNITIES WITH VISION, INC.

Principal Place of Business 1155 GREENSTONE BLVD., #107 HEATHROW FL 32746	Mailing Address 1155 GREENSTONE BLVD., #107 HEATHROW FL 32746
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2. Principal Place of Business 29832 SR 46	3. Mailing Address 29832 SR 46
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State SORRENTO FL	City & State SORRENTO FL
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Zip 32776	Country	Zip 32776	Country
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4. FEI Number 52-2074879	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GRAY N. DWAYNE JR C/O GREENSPOON, MARDER, ET AL 135 WEST CENTRAL BLVD., SUITE 1100 ORLANDO FL 32801 US	7. Name and Address of New Registered Agent Name STAPLETON KIRSTIN Street Address (P.O. Box Number is Not Acceptable) 4127 GERANIUM LANE #107 City SANFORD FL Zip Code 32771
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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 **KIRSTIN STAPLETON****07/21/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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12. 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 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: Robin Stinson

p

07/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)