

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K54499

1. Entity Name

VISION PROPERTIES, INC.

Principal Place of Business

Mailing Address

2200 FORSYTH RD
A-20
ORLANDO FL 32807
US

PO BOX 150279
ALTAMONTE SPRINGS FL 32715-0279
US

2. Principal Place of Business

3. Mailing Address

354 GEORGETOWN DR.
Suite, Apt. #, etc.

SAME
Suite, Apt. #, etc.

City & State

City & State

ALTAMONTE SPRINGS, FL

Zip

Country

Zip

Country

32707

US

4. FEI Number

65-0091146

Applied For

Not Applied

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

SALISBURY, DAVID A

620 ORANGE DR., #229

ALTAMONTE SPRINGS FL 32701

626 ORANGE DR. #242

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.

DAVID SALISBURY - VICE PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

2/1/00

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 2
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
SALISBURY, DAVID A
620 ORANGE DR., #229 626 ORANGE DR.
ALTAMONTE SPRINGS FL 32701 #242

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SALISBURY, PUSADEE R
620 ORANGE DR., #229 626 ORANGE DR.
ALTAMONTE SPRINGS FL 32701 #242

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
SALISBURY, BYRON M
4820 EAST MICHIGAN ST., #149 3202 MORNING GLORY CT
ORLANDO FL 32812 PALM BEACH GARDENS, FL 33410

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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID SALISBURY - V.P.

2/1/00

(407) 767 5304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90068 031 ***150.00

B0015420



DO NOT WRITE IN THIS SPACE