

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014911

1. Entity Name

VISION WEST GROUP, L.L.C.

FILED

01 APR 27 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

4333 S. Tamiami Trail

3. Mailing Address

4333 S. Tamiami Trail

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

Suite E

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, Florida

City & State

Sarasota, Florida

4. FEI Number

65-1063213

Applied For

Not Applicable

Zip

34231

Country

USA

Zip

34231

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Troy H. Myers, Jr.
2033 Main Street
Suite 600
Sarasota, Florida 34237

7. Name and Address of New Registered Agent

Name

Frank DiNardo

Street Address (P.O. Box Number is Not Acceptable)

4333 S. Tamiami Trail, Suite E

City

Sarasota

FL

Zip Code
34231

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 *Frank DiNardo*

FRANK DINARDO

April 10, 2001

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

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE Manager ☐ Delete
NAME Peter DiNardo
STREET ADDRESS 4333 South Tamiami Trl., #E
CITY-ST-ZIP Sarasota, Florida 34231

TITLE Manager ☐ Delete
NAME Frank DiNardo
STREET ADDRESS 4333 South Tamiami Trl., #E
CITY-ST-ZIP Sarasota, Florida 34231

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME 500004218065--8
STREET ADDRESS -05/15/01--01109--014
CITY-ST-ZIP *****50.00 *****50.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Frank DiNardo*

Frank DiNardo, Manager

April 10, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)