

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000009788**

1. Entity Name
VISIONS, LLC

Principal Place of Business
1252 WELLINGTON TERR
MAITLAND FL 32751

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3728848

Applied For

Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOLTUN, JEFFREY M
557 N WYMORE RD
SUITE 100
MAITLAND FL 32751

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 remitting)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE Manager Delete
NAME Loren London
STREET ADDRESS 1252 Wellington Terrace
CITY-ST-ZIP Maitland, FL 32751

Change Addition

TITLE Manager Delete
NAME Michelle Osteen
STREET ADDRESS 1905 Wingfield Drive
CITY-ST-ZIP Longwood, FL 32779

Change Addition

TITLE Manager Delete
NAME Phyllis Turner
STREET ADDRESS 358 Woodstead Circle
CITY-ST-ZIP Longwood, FL 32779

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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.

407-333-9086

SIGNATURE: *Michael Osteen* **Michael Osteen 02/05/02**

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

Date

Daytime Phone #

CR2E083 (9/01)