

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90041 047 \*\*\*\*\*55.00

0027572

**DOCUMENT # L97000000572**

1. Entity Name

**VISION REAL ESTATE, L.C.**

Principal Place of Business

**131 COMMERCE WAY  
SANFORD FL 32771**

Mailing Address

**P.O. BOX 471057  
LAKE MONROE FL 32747-1057**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3500472**

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

**HARRISON, CHARLES R ESQ.  
1400 WEST FAIRBANKS AVENUE  
SUITE 204  
WINTER PARK FL 32789**

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

**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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MEM LAMPHIER, CLARENCE J 2160 MONTECITO AVE DELTONA FL 32738	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
MEM LAMPHIER, GARY M 2319 RIVER TREE CIRCLE SANFORD FL 32771-8331	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
MEM LAMPHIER, ROBERT W 3164 TUNISIA DRIVE DELTONA FL 32738	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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.

**SIGNATURE:**

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

3/5/02

1-407-330-1628

Date

Daytime Phone #

CR2E083 (9/01)