Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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

| DOCUMENT # MOOOOOO1881 1. Entity Name THE VISION INSURANCE GROUP, LLC | | | | | | | | FILED | | | | | |
|--|------------------|-------------------------------------|---------------------|---|--------------|-----------------------|--|--|-------------------------|--------------------|--|-----------------|--|
| | | | | | | | | 01 FEB 23 AM 10: 50 | | | | | |
| Principal Place of Business 215 CENTERVIEW DR., STE. 300 | | | | Mailing Address 215 CENTERVIEW DR., STE, 300 BRENTWOOD TN 37027 | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | |
| | | | | | | | | | | | | | |
| 2. Principal Place of Business 210 Westwood Pl. Suite, Apt. #, etc. | | | | 3. Mailing Address P O Box 1324 Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| Suite, Apr. | | | Suite, Apt. #, etc. | | | | DO NOT WITH THE OF ACE | | | | | | |
| City & State | | | | City & State Brentwood TN | | | | 4. FEI Number Applied For Not Applicable | | | | | |
| Brentwood TN Zip Country | | | Zip Coun | | | try | _ \$5.00 Additions | | | | | | |
| 32027 | | -Wi-l-l-iamson | | 37024-1324 | l | liams | on - | | and Ag | | Fee Require | | |
| | 6. Name | and Address of Current | Registe | red Agent | | Name | | 7. Name | and Address of N | ew Registered | Agent | | |
| ADAL OFFINOSO INC | | | | | | | A Address (DO Roy Ni mbor is Not Associable) | | | | | | |
| 526 E. PARK AVE. | | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| TALLAHASSEE FL 32301 | | | | | | | | | | | | | |
| | | | | | | City FL Zip Code | | | | | | te | |
| 8. The above | named entit | y submits this statement fo | or the pu | rpose of changing its | registere | ed office or | r registered | agent, o | or both, in the State | of Florida. | | | |
| | | | | | | | | | | | | | |
| SIGNATURE _ | Signature, typed | or printed name of registered agent | and title if a | opplicable. (NOT | E: Registere | d Agent signat | ture required wh | en reinstati | ng) | DATE | | | |
| | | | | CHE M | OWATEL | FEE IS | 250.00 | | | | | 1 | |
| | | | | Make Check Pa | | - | - | State | | | | | |
| | | MANAGING MEMB | EDC / M | MREDS | 10. | | e . | | ADDITIO | ONS/CHANGE | S | | |
| 9. | | WANAGING WEWE | JET (O) TVII | ☐ Delete | TITLE | : | Presi | dent | | | Change | Addition | |
| NAME | | | | | NAM | | _ | | ussell | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | ET ADDRESS -ST-ZIP | 210 V | Vestw | ood Pl. | | | | |
| TITLE | | | | ☐ Delete | TITU | | Brent Member | | TN 37027 | ·-·· | ☐ Change | X Addition | |
| NAME | | | | | NAM | E | Carol | | ell | | | | |
| STREET ADDRESS | | | | | | ET ADDRESS -ST-ZIP | 210 W | estwo | od Pl. | | | | |
| CITY-ST-ZIP | | <u>-</u> | | O Oslate | TITLE | | Brent | wood- | TN: 37027 - | | Change | Addition | |
| TITLE NAME | | | | ☐ Delete | NAM | | | | | | | | |
| STREET ADDRESS | | | | | | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | - | -ST-ZIP | F- | | <u>60000</u> | /28/01 | <u>3156</u> 0Hai- | -017423 seesson | |
| TITLE | | | | ☐ Delete | TITLI NAM | | | | …UZ ※※ | /20/01 ***55.00 | ・ 米米米米米 ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ | :5500 | |
| NAME STREET ADDRESS | | | | | | ET ADDRESS | | | | | | .00.00 | |
| CITY-ST-ZIP | | | | | CITY | -ST-ZIP | | | | | | | |
| TITLE | | | | ☐ Delete | TITLI | | | | | | Change | ☐ Addition | |
| NAME STREET ODRESS | | | | | NAM Stre | E Et address | | | | | | | |
| CITY-ST-ZIP | | | | | | -ST-ZIP | | | | | <i>(</i> | | |
| TITLE | | | | ☐ Delete | TITL | E | | | | 1/ | ☐ Change | ☐ Addition | |
| NAME | | | | | NAM | | | | | M | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | ET ADDRESS -ST-ZIP | | | | | | | |
| 11 I boroby o | entify that th | e information supplied wit | h this filii | na does not qualify to | r the exe | motion sta | Lated in Secti | ion 119.0 | 07(3)(i), Florida Stati | ites. I further co | ertify that the | information | |
| indicated | on this rang | rt is true and accurate and | d that my | signature shall have | the same | e legal effe | ect as if mad | de undel | roath: that I am a m | anaging memb | per or manag | er of the | |
| limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 615 John C.Russell/President 2/5/01 661–07 | | | | | | | | | | | 0700 | | |
| CIONAT | upe. | a Company | | 1 wood | 10 | 7)) | John C | .Rus | sell/Presid | lent 2/5/ | /UT 661- | -0700 | |