

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90019 038 \*\*\*\*61.25

**DOCUMENT # N00000002274**

1. Entity Name

**CC VISION, INC.**

Principal Place of Business

**8140 N. WILEY POST WAY  
HERNANDO FL 34442**

Mailing Address

**8140 N. WILEY POST WAY  
HERNANDO FL 34442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3576738**

Applied For

Not Applicable

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

**STRINGER, JANICE  
920 N. SABAL PALM DR.  
INVERNESS FL 34453**

Name **Sharon Vonderhaar**

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

**8140 N. Wiley Post Way**

City **Hernando**

**FL**

Zip Code

**34442**

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

*Sharon Vonderhaar*

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

(NOTE: Registered Agent signature required when reinstating)

**4/27/01**

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **STRINGER, JANICE K**  
STREET ADDRESS **920 N. SABAL PALM DR.**  
CITY-ST-ZIP **INVERNESS FL 34453**

TITLE **ST** ☐ Change ☒ Addition  
NAME **MELISSA TROWBRIDGE**  
STREET ADDRESS **3729 S. Eastpark Way**  
CITY-ST-ZIP **Homosassa Springs FL 34448**

TITLE **D** ☒ Delete  
NAME **ALEXANDER, DOUG**  
STREET ADDRESS **6530 E. MALVERNE ST.**  
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **P** ☐ Change ☒ Addition  
NAME **Conrad Juergensmeyer**  
STREET ADDRESS **8531 E Hampton Pt**  
CITY-ST-ZIP **Inverness FL 34452**

TITLE **D** ☒ Delete  
NAME **MESSER, ED**  
STREET ADDRESS **8178 N. WILEY POST WAY**  
CITY-ST-ZIP **HERNANDO FL 34442**

TITLE **D** ☐ Change ☒ Addition  
NAME **Obbie Barnett**  
STREET ADDRESS **671 W. Fitzpatrick Ave**  
CITY-ST-ZIP **Inverness FL 34453**

TITLE **V** ☐ Delete  
NAME **BIRD, KATHLEEN**  
STREET ADDRESS **2545 S. NOLEN TERRACE**  
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **D** ☐ Change ☒ Addition  
NAME **Steve Ferrante**  
STREET ADDRESS **1627 W. Stafford St**  
CITY-ST-ZIP **Hernando FL 34442**

TITLE **ST** ☒ Delete  
NAME **VONDERHAAR, SHARON**  
STREET ADDRESS **8140 N. WILEY POST WAY**  
CITY-ST-ZIP **HERNANDO FL 34442**

TITLE **D** ☐ Change ☒ Addition  
NAME **Sharon Vonderhaar**  
STREET ADDRESS **8140 N Wiley Post Way**  
CITY-ST-ZIP **Hernando FL 34442**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kathleen Bird*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/01**

Date

**(352) 726-4193**

Daytime Phone #

CR2E037 (10/00)