

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 21, 2002 8:00 am
Secretary of State

05-21-2002 91171 047 ****61.25

DOCUMENT # N01000005992

1. Entity Name

A LIVING VISION OF ALVA, INC.

Principal Place of Business

21420 PEARL STREET
ALVA FL 33920

Mailing Address

POST OFFICE BOX 2022
ALVA FL 33920

ATT: MARILYN J. FENSTERER TREASURER

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

65-1120852

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

GILLIM, SARAH
17651 CYPRESS CREEK ROAD
ALVA FL 33920

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 \$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 P ☐ Delete
NAME GILLIM, SARAH
STREET ADDRESS 17651 CYPRESS CREEK ROAD
CITY-ST-ZIP ALVA FL 33920

TITLE TREASURER ☐ Change ☒ Addition
NAME MARILYN J. FENSTERER
STREET ADDRESS 2320 BISHOP DRIVE
CITY-ST-ZIP ALVA, FL 33920

TITLE V ☒ Delete
NAME PERFETTO, GUS
STREET ADDRESS POST OFFICE BOX 938
CITY-ST-ZIP ALVA FL 33920

TITLE SECRETARY ☐ Change ☒ Addition
NAME JOHN PAYNE
STREET ADDRESS PO BOX 1091 PEARL STREET
CITY-ST-ZIP ALVA, FL 33920

TITLE S ☒ Delete
NAME COLVIN, JEAN
STREET ADDRESS 2140 GARDNER ROAD
CITY-ST-ZIP ALVA FL 33920

TITLE DIRECTOR ☐ Change ☒ Addition
NAME LYNDIA KENDRICK
STREET ADDRESS PO BOX 835 - N. RIVER ROAD
CITY-ST-ZIP ALVA, FL 33920

TITLE ☒ Delete
NAME ANDRYS, ROB NOW VICE PRESIDENT
STREET ADDRESS 23031 TUCKAHOE ROAD
CITY-ST-ZIP ALVA FL 33920

TITLE DIRECTOR ☐ Change ☒ Addition
NAME MARIA PAGAN
STREET ADDRESS PO BOX 835 - N. RIVER ROAD
CITY-ST-ZIP ALVA, FL 33920

TITLE D ☐ Delete
NAME BROOKMAN, STEVE
STREET ADDRESS 18060 OTTER WATERWAY
CITY-ST-ZIP ALVA FL 33920

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

TITLE D ☐ Delete
NAME CALL, MARTIN
STREET ADDRESS 19180 WITTS END
CITY-ST-ZIP ALVA FL 33920

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/02 239-728-9972

CR2E037 (9/01)