

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22251

1. Entity Name

VISION COUNCIL, INC.

**FILED**  
**Aug 07, 2001 8:00 am**  
**Secretary of State**

08-07-2001 90008 021 \*\*\*\*61.25

Principal Place of Business

43 N. KROME AVENUE  
 HOMESTEAD FL 33033

Mailing Address

43 N. KROME AVENUE  
 HOMESTEAD FL 33033



00014879



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0006918

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MILLER, CELESTE M  
 43 N. KROME AVENUE  
 HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name Robert S. Anderson

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

43 N. Krome Ave

City

Homestead

FL

Zip Code

33033

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

*Robert S. Anderson*

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

(NOTE: Registered Agent signature required when reinstating)

7/13/01

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BAUER, RICHARD H	
STREET ADDRESS	43 N. KROME AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, ERIC	
STREET ADDRESS	28801 SW 157TH AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BILL, ADA P	
STREET ADDRESS	9250 W. FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LETT, EDWARD	
STREET ADDRESS	99451 OVERSEAS HWY	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, OTIS	
STREET ADDRESS	43 N.KROME AVE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis A. Dilan	
STREET ADDRESS	43 N. Krome Av.	
CITY-ST-ZIP	Homestead, FL 33030	
TITLE	CD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert S. Anderson	
STREET ADDRESS	43 N. Krome Ave	
CITY-ST-ZIP	Homestead, FL 33030	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward Lett	
STREET ADDRESS	99451 Overseas Hwy	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	DTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eric Johnson	
STREET ADDRESS	28801 SW. 157th Avenue	
CITY-ST-ZIP	Homestead, FL 33030	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

*Robert S. Anderson*

7/15/01

CR2E037 (5/01)