

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29664

1. Entity Name

CENTER FOR THE VISUALLY IMPAIRED, INC.

APPROVED  
AND  
FILED

00 AUG 21 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1187 DUNN AVE  
DAYTONA BEACH FL 32114  
US

Mailing Address

1187 DUNN AVENUE  
DAYTONA BCH FL 32114-2403  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03/08/00-90072-039-\$61.25

4. FEI Number 59-2938258

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

HODGE, ROBERT M.  
9 FISHERMAN'S CIRCLE  
#6  
ORMOND BEACH FL 32174

Name

HUDSON, RONEE

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

2227 SHERWOOD DR.

City

SOUTH DAYTONA

FL

Zip Code 32119

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

*Ronee Hudson*

RONEE HUDSON

3/8/00

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 NAME STREET ADDRESS CITY-ST-ZIP	D GARRETTE COVINGTON 663 MASON AVE DAYTONA BCH FL 32114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERSCHMANN, LUTZ I 1182 SUWANEE RD DAYTONA BCH FL 32114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOAN KELLY 512 PELICAN BAY DR DAYTONA BCH FL 32119	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, MARK D 750 MEMORIAL DR ORMOND BCH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rute Princivalli gave permission to correct the doc. mm 8/24/00	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ALEXIS ANDRAY-MUSE 785 W. GRANADA BLVD. ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(PRESIDENT-ELECT) VP/D ALLEN BORNSTEIN 58 CYPRESS GROVE LANE ORMOND-BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MERLE HARRIS 360 S. YONGE STREET ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NORMAN HOFFMAN, Ph.D., Ed.D. 595 W. GRANADA BLVD., SUITE H ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ex. Director Ronee Hudson 2227 Sherwood Dr. South Daytona, FL 32119	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Ronee Hudson*

EXEC. Director

RONEE HUDSON

3/8/00

904-253-8879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)