

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90065 003 ****61.25

0001043

DOCUMENT # N29664

1. Entity Name

CENTER FOR THE VISUALLY IMPAIRED, INC.

Principal Place of Business

**1187 DUNN AVE
DAYTONA BEACH FL 32114
US**

Mailing Address

**1187 DUNN AVENUE
DAYTONA BCH FL 32114
US**

2. Principal Place of Business

Same as above

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**HUDSON, RONEE
2227 SHERWOOD DR.
SOUTH DAYTONA FL 32119**

7. Name and Address of New Registered Agent

Name

Same

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

Ronee Hudson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/02

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

TITLE **P** ☒ Delete
NAME **BORNSTEIN, ALLEN**
STREET ADDRESS **58 CYPRESS GROVE LANE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **VPT** ☒ Delete
NAME **HARRIS, MERLE**
STREET ADDRESS **360 SOUTH YOUNGE STREET**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **TD** ☒ Delete
NAME **HARRIS, MERLE**
STREET ADDRESS **360 S. YONGE STREET**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **S** ☐ Delete
NAME **OSBORNE, KATHLEEN**
STREET ADDRESS **120 HARRISON ROAD**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **ED** ☐ Delete
NAME **HUDSON, RONEE**
STREET ADDRESS **2227 SHERWOOD DR.**
CITY-ST-ZIP **SOUTH DAYTONA FL 32119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Norman Hoffman, PhD** ☒ Change ☐ Addition
NAME **595 W. Granada Blvd.**
STREET ADDRESS **Ormond Beach FL 32174**
CITY-ST-ZIP

TITLE **Simmy Huger, Sr., PhD** ☒ Change ☐ Addition
NAME **935 Sycamore Street**
STREET ADDRESS **Daytona Beach FL 32114**
CITY-ST-ZIP

TITLE **Alexis Lenssen** ☒ Change ☐ Addition
NAME **285 Clyde Morris Blvd Ste 100**
STREET ADDRESS **Ormond Beach FL 32174**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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:

Ronee Hudson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

Date Daytime Phone #

CR2E037 (9/01)