

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43280

1. Entity Name

FLORIDA COUNCIL FOR VISION AWARENESS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90170 007 ****61.25

Principal Place of Business

Mailing Address

C/O MARK D. LANDRETH
401 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301

C/O MARK D. LANDRETH
401 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301-2756

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

59-3069874

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

LANDRETH, MARK D.
401 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301

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	<input type="checkbox"/> Delete
NAME	STERN, FLORENCE	
STREET ADDRESS	8732 SUNSET DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRIMSHAW, B.J.	
STREET ADDRESS	3860 PONTE VEDRA CT	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOYLE, KAREN	
STREET ADDRESS	16441 BLATT BLVD. #106	
CITY-ST-ZIP	SUNRISE FL	
TITLE	P D	<input type="checkbox"/> Delete
NAME	PEARL, MARY ANNE	
STREET ADDRESS	1471 NW 113 AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAUSS, SANDRA	
STREET ADDRESS	520 NE 30TH ST	
CITY-ST-ZIP	WILTON MANOR FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FOREMAN, SANDRA	
STREET ADDRESS	ROUTE 8 BOX 874	
CITY-ST-ZIP	LAKE CITY FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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:

Karen G. Boyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/00 407-757-3407

CR2E037 (9/99)