

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51055

1. Entity Name

VOLUSIA VISION, INC.

Principal Place of Business

150 MAGNOLIA AVE.
DAYTONA BEACH FL 32115-2491

Mailing Address

150 MAGNOLIA AVE.
DAYTONA BEACH FL 32114-4304

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3146250

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES INC.
150 MAGNOLIA AVE.
DAYTONA BEACH FL 32115-2491

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KANEY, JONATHAN D JR	
STREET ADDRESS	150 MAGNOLIA AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ATKINSON, LARRY	
STREET ADDRESS	P.O. BOX 2811 NA	
CITY-ST-ZIP	DAYTONA BEACH FL 32120	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	EVANS, JOHN	
STREET ADDRESS	P.O. BOX 2830 NA	
CITY-ST-ZIP	DAYTONA BEACH FL 32120	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIDSON, HERBERT M	
STREET ADDRESS	P.O. BOX 2831 NA	
CITY-ST-ZIP	DAYTONA BEACH FL 32120	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPUTARO, GAIL	
STREET ADDRESS	PO BOX 671 NA	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, JIM	
STREET ADDRESS	ONE CORPORATE DRIVE	
CITY-ST-ZIP	PALM COAST FL 32151	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee, Douglas	
STREET ADDRESS	Stetson University	
CITY-ST-ZIP	DeLand, FL 32728	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Swanto, Ruth	
STREET ADDRESS	674 Deltona Blvd.	
CITY-ST-ZIP	Deltona, FL 32725	
TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nowiskie, Ronald E.	
STREET ADDRESS	275 Clyde Morris Blvd.	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Huffman, Herky	
STREET ADDRESS	P.O. Box	
CITY-ST-ZIP	Deltona, FL 32728	
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:

SK [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

904-671-4903

Date

Daytime Phone #

CR2E037 (9/99)