

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-13-2000 90033 029 ****61.25

DOCUMENT # N97000001276

1. Entity Name

VISION AND HEALTH RESEARCH FOUNDATION, INC.

Principal Place of Business

1211 N CENTER ST
PERRY FL 32347

Mailing Address

1211 N CENTER ST
PERRY FL 32347-2037

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

59-3449259

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHUGAR, JOEL K.
1211 N CENTER ST
PERRY FL 32347

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 ☐ Delete
NAME **D SHUGAR, JOEL K**
STREET ADDRESS **1211 N CENTER ST**
CITY-ST-ZIP **PERRY FL 32347**

TITLE ☐ Delete
NAME **D SHUGAR, MICHELLE**
STREET ADDRESS **1211 N CENTER ST**
CITY-ST-ZIP **PERRY FL 32347**

TITLE ☒ Delete
NAME **DMATTICE, DAVID J**
STREET ADDRESS **1211 N CENTER ST**
CITY-ST-ZIP **PERRY FL 32347**

TITLE ☐ Delete
NAME **COO Scott Bridgeman**
STREET ADDRESS **1211 N Center St**
CITY-ST-ZIP **Perry FL 32347**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **COO Scott Bridgeman**
STREET ADDRESS **1211 N Center St**
CITY-ST-ZIP **Perry FL 32347**

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00 (50) 584-2778