

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90036 040 ****70.00

DOCUMENT # N97000003609

1. Entity Name

VISION 2000 OF POLK COUNTY, INC.

Principal Place of Business

Mailing Address

**302 HEATHERPOINT DR.
 LAKELAND FL 33809**

**P. O. BOX 92221
 LAKELAND FL 33804-2221
 US**

2. Principal Place of Business

505 BARTOW ROAD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE LAND FL

City & State

4. FEI Number

59-3466684

Applied For

Not Applicable

Zip

Country

33801

Zip

Country

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

**KOSIK, JACK
 302 HEATHERPOINT DR.
 LAKELAND FL 33809**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	KOSIK, JACK	
STREET ADDRESS	302 HEATHERPOINT DR.	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	FVPD	<input type="checkbox"/> Delete
NAME	SAMMONS, BILL	
STREET ADDRESS	505 BARTOW RD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	SVPD	<input checked="" type="checkbox"/> Delete
NAME	WENDEL, DICK	
STREET ADDRESS	6325 OAK CT	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STEWART, PAM	
STREET ADDRESS	505 BARTOW RD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BORDEN, JUDY	
STREET ADDRESS	210 LAKE HOLLINGSWORTH DR APT 808	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARET MCNUIT	
STREET ADDRESS	5009 NORRISWOOD RD	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

JUDY A BORDEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREAS

2/24/00 863 534 0545

Date Daytime Phone #