

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N97000003609**
 1. Entity Name **VISION 2000 OF POLK COUNTY, INC.**

FILED
 00 SEP 15 AM 11:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **302 HEATHERPOINT DR
 LAKELAND, FL 33809**
 Mailing Address **P.O. Box 92221
 LAKELAND, FL 33804-2221**

2. Principal Place of Business **505 BARTOW RD**
 Suite, Apt. #, etc. **-**

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **LAKELAND, FL**

City & State

4. FEI Number **59-346 6684**

Applied For
 Not Applicable

Zip **33801** Country **USA**

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

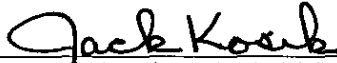
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **JACK KOSIK**
 Street Address (P.O. Box Number is Not Acceptable)
505 BARTOW RD
 City **LAKELAND, FL** Zip Code **33801**

8. The above named entity submits this statement for the purpose of changing its registered office or r

SIGNATURE 

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature)

000003341500--1
-08/01/00--01015--011
*******35.00 *****35.00**
000003341500--1
-09/14/00--01055--003
*******26.25 *****26.25**

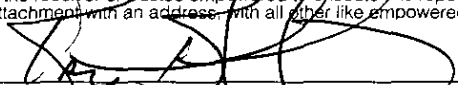
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$50
Make Check Payable to Department

11. OFFICERS AND DIRECTORS	
TITLE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Delete	NAME JACK KOSIK STREET ADDRESS 302 HEATHERPOINT DR CITY-ST-ZIP LAKELAND, FL 33809
TITLE 1ST VICE-PRESIDENT/DIR <input checked="" type="checkbox"/> Delete	NAME BILL SAMMONS STREET ADDRESS 505 BARTOW RD CITY-ST-ZIP LAKELAND, FL 33801
TITLE 2ND VICE-PRESIDENT/DIR <input checked="" type="checkbox"/> Delete	NAME DICK WENDEL STREET ADDRESS 6325 OAK CT CITY-ST-ZIP LAKELAND, FL 33813
TITLE SECRETARY/DIR <input checked="" type="checkbox"/> Delete	NAME PAM STEWART STREET ADDRESS 505 BARTOW RD CITY-ST-ZIP LAKELAND, FL 33801
TITLE TREASURER/DIR <input checked="" type="checkbox"/> Delete	NAME JUDY BORDEN STREET ADDRESS P.O. BOX 2051 CITY-ST-ZIP WINTER HAVEN, FL 33883
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS IN 11	
TITLE PRESIDENT/DIR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME RAY BURDSALL STREET ADDRESS 7431 OAK HAVEN DR CITY-ST-ZIP LAKELAND, FL 33810
TITLE 1ST VICE PRESIDENT/DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME BILL SAMMONS STREET ADDRESS 4820 IRONWOOD TR CITY-ST-ZIP BARTOW, FL 33830
TITLE 2ND VICE PRESIDENT/DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME MICKIE KOSIK STREET ADDRESS 302 HEATHERPOINT DR CITY-ST-ZIP LAKELAND, FL 33809
TITLE SECRETARY/DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME SUE PATTERSON STREET ADDRESS 121 OAK SQUARE NO. CITY-ST-ZIP LAKELAND, FL 33813
TITLE TREASURER/DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME DENNIS BEASLEY, CPA STREET ADDRESS 1246 HAYMARKET DR CITY-ST-ZIP LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

8/25/00 **863-858-4665**
 Date Daytime Phone #

CR2E034 (9/99)