

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004261
 1. Entity Name
VISUALLY IMPAIRED PERSONS OF WEST VOLUSIA, INC.

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90008 050 ****61.25

Principal Place of Business Mailing Address
408 N BOUNDARY AVE **408 N BOUNDARY AVE**
DELAND FL 32720 **DELAND FL 32720-4065**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1025 W. Minnesota Ave **P.O. Box 866**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DeLand, Fl. **DeLand, Fl.**
 Zip Country Zip Country
32720 **Volusia** **32721** **Volusia**

4. FEI Number **59-3503609** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CURRY, GWENYTH M
408 N BOUNDARY AVE
DELAND FL 32720

7. Name and Address of New Registered Agent
 Name **Curry, Gwentyth, M.**
 Street Address (P.O. Box Number is Not Acceptable) **1181 Dutton Ave**
 City **DeLand** FL Zip Code **32720**

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

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	<input type="checkbox"/> Delete
NAME	D WILSON, SR R D
STREET ADDRESS	408 N BOUNDARY AVE
CITY-ST-ZIP	DELAND FL 32720
TITLE	<input type="checkbox"/> Delete
NAME	D HILL, V F
STREET ADDRESS	625 FOREST PK, DR
CITY-ST-ZIP	DELAND FL 32720
TITLE	<input type="checkbox"/> Delete
NAME	D ROBERTS, C.
STREET ADDRESS	2439 SEDEGEFIELD AVE
CITY-ST-ZIP	DELTONA FL 32725
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
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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: **SIGNATURE REQUIRED** **4/30/2000 904-738-1020**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)