

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000491

1. Entity Name

VISIONARY ALTERNATIVES, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90453 048 ****61.25

Principal Place of Business

Mailing Address

6022 N.W. 32ND COURT
BOCA RATON FL 33496

6022 N.W. 32ND COURT
BOCA RATON FL 33496-3370

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0824469

Applied For

Not Applicable

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

TOBAL, JANE
6022 N.W. 32ND COURT
BOCA RATON FL 33496

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 ☐ Delete
NAME TOBAL, JANE
STREET ADDRESS 6022 N.W. 32ND COURT
CITY-ST-ZIP BOCA RATON FL 33496

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

TITLE ☒ Delete
NAME COSTANZO, SHARON
STREET ADDRESS 4042 EASTRIDGE DR
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ Change ☒ Addition
NAME Vice Pres / Exec Director
STREET ADDRESS THRALL, EDWARD A.
CITY-ST-ZIP 1160 Renmar Drive
PLANTATION, FL 33317

TITLE ☐ Delete
NAME GRAY, LEILA
STREET ADDRESS 1500 ARGYLE DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL 33312

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

TITLE ☒ Delete
NAME ~~Vice Pres / Exec Director~~
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00

CR2E037 (9/99)