

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90016 012 ****61.25

DOCUMENT # N98000005616

1. Entity Name

GAINESVILLE HEALTH MINISTRY VISION GROUP, INCORPORATED

Principal Place of Business

Mailing Address

**3968 N.W. 25TH CIRCLE
 GAINESVILLE FL 32606**

**3968 N.W. 25TH CIRCLE
 GAINESVILLE FL 32606**

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 **59-3650342**
NOT APPLICABLE

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

**LAPEER, RUSSELL W
 445 N.E. 8TH AVE.
 Ocala FL 34470**

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 **D** ☐ Delete
 NAME **CADE, ROBERT M.D.**
 STREET ADDRESS **DEPT. OF MEDICINE, UNIV. OF FL HEALTH SCIEN**
 CITY-ST-ZIP **GAINESVILLE FL 32601**

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

TITLE **DV** ☐ Delete
 NAME **DENNIS, MARY A**
 STREET ADDRESS **4039 NEWBERRY RD**
 CITY-ST-ZIP **GAINESVILLE FL 32607**

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

TITLE **DV** ☐ Delete
 NAME **AKPU, LINDA**
 STREET ADDRESS **125 NW 23RD AVE, STE 9**
 CITY-ST-ZIP **GAINESVILLE FL 32609**

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

TITLE **DP** ☐ Delete
 NAME **LYDA, CLIFF**
 STREET ADDRESS **1001 NE 16TH AVE, STE 9**
 CITY-ST-ZIP **GAINESVILLE FL 32609**

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

TITLE **DT** ☐ Delete
 NAME **VISSCHER, JON**
 STREET ADDRESS **1405 NW 13TH ST**
 CITY-ST-ZIP **GAINESVILLE FL 32601**

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

TITLE **DP** ☐ Delete
 NAME **WIECHMANN, GERALD PH.D**
 STREET ADDRESS **3968 NW 25TH CIRCLE**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D/S** ☒ 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 *Gerald H. Wiechmann* **SIGNATURE REQUIRED** **Gerald H. Wiechmann** **04/26/02** **352-373-2316**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)