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**FILED** 

Anita L. VorreyerHedges, Treasurer 4/30/01

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment

**SIGNATURE** 

## May 15, 2001 8:00 am Secretary of State DOCUMENT # P0000055915 05-15-2001 90023 001 \*\*\*150.00 AWAKENING VISION, INC. Principal Place of Business Mailing Address 3144U 2438 SANDY RUN DR. 2438 SANDY RUN DR. MIDDLEBURG FL 32050 MIDDLEBURG FL 32050 2. Principal Place of Business 3. Mailing Address 12620-3 Beach Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For FL <u>59</u>-3658679 Not Applicable Zíp Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent usA 7. Name and Address of New Registered Agent KIRCHER, SALLY J ESQ. Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DR., SUITE 3303 JACKSONVILLE FL 32202-5027 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE CR2E034 (10/00) Judith A. Bassett NAME NAME 2438 Sandy Run Drive STREET ADDRESS STREET ADDRESS middleburg, CITY-ST-ZIP CITY-ST-7IP FL 32068 TITLE ☐ Delete TITLE Change Addition Rene Velez NAME NAME 1661 Powderhorn Ct. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32225 TITLE Delete TITLE Change Addition Edward Larbi NAME NAME 5442 Cresta Way Tacksonville, FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32211 TITLE ☐ Delete TITLE ☐ Change Addition Annabel Brooks NAME NAME STREET ADDRESS 127 Ferdinand Ave. STREET ADDRESS St. Augustine, FL CITY-ST-ZIP 32084 TITLE ☐ Delete TITLE Anita L. Vorreyer-Hedges NAME NAME STREET ADDRESS 12217 Antoni Court STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Jacksonville, FL 32224 TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP 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 popula as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if