

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000007212

1. Entity Name

VISIONWORKS HOLDINGS, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90081 001 ***600.00

Principal Place of Business Mailing Address
% EYE CARE CENTERS. ACCT PA 11103 WEST AVE
11103 WEST AVE SAN ANTONIO TX 78213-1370
SAN ANTONIO TX 78213 US
US

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 59-3226333 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

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 \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME ANDREWS, BERNARD
STREET ADDRESS 11103 WEST AVE
CITY-ST-ZIP SAN ANTONIO TX ☐ Delete

TITLE ST
NAME WILEY, ALAN
STREET ADDRESS 11103 WEST AVE
CITY-ST-ZIP SAN ANTONIO TX ☐ Delete

TITLE V
NAME SHEPARD, DOUG
STREET ADDRESS 11103 WEST AVE
CITY-ST-ZIP SAN ANTONIO TX ☐ Delete

TITLE D
NAME BRIZIUS, CHUCK
STREET ADDRESS 11103 WEST AVE
CITY-ST-ZIP SAN ANTONIO TX ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Executive/DP, S, T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

Date

Daytime Phone #

1/12/2000