

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099675

1. Entity Name
VISION 21 OF SOUTHERN ARIZONA, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90187 042 ***150.00

Principal Place of Business
7360 BRYAN DAIRY RD
STE 200
LARGO FL 33777

Mailing Address
7360 BRYAN DAIRY RD
STE 200
LARGO FL 33777



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
120 W. FAYETTE ST.
Suite, Apt. #, etc.
100
City & State
BALTIMORE MD
Zip
21201-3741
Country
USA

3. Mailing Address
120 W. FAYETTE ST.
Suite, Apt. #, etc.
100
City & State
BALTIMORE MD
Zip
21201-3741
Country
USA

4. FEI Number 59-3436552
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SMITH, DARRELL C
101 EAST KENNEDY BOULEVARD
SUITE 2800
TAMPA FL 33602

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLETTE, THEODORE N		NAME	GORDON MARK	
STREET ADDRESS	7360 BRYAN DAIRY RD STE 200		STREET ADDRESS	120 W. FAYETTE ST. #100	
CITY-ST-ZIP	LARGO FL 33777		CITY-ST-ZIP	BALTIMORE MD 21201-3741	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JONES RICHARD	
STREET ADDRESS			STREET ADDRESS	120 W. FAYETTE ST. #100	
CITY-ST-ZIP			CITY-ST-ZIP	BALTIMORE MD 21201-3741	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	GORDON ELLEN	
STREET ADDRESS			STREET ADDRESS	120 W. FAYETTE ST. #100	
CITY-ST-ZIP			CITY-ST-ZIP	BALTIMORE MD 21201-3741	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ALCORN ANDREW	
STREET ADDRESS			STREET ADDRESS	120 W. FAYETTE ST. #100	
CITY-ST-ZIP			CITY-ST-ZIP	BALTIMORE MD 21201-3741	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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 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: Richard W Jones RICHARD JONES 4-30-01 410-752-0121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)