

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065503

1. Entity Name

FUTURE VISION INSTITUTE, INC.

Principal Place of Business

5430 COUNTY ROAD 581
WESLEY CHAPEL FL 33543

Mailing Address

5430 COUNTY ROAD 581
WESLEY CHAPEL FL 33543-9242

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

59-3460647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLEY, LEE A
15307 AMBERLY DR., STE. 134
TAMPA FL 33647

7. Name and Address of New Registered Agent

Name

Lee Ann Andronico

Street Address (P.O. Box Number is Not Acceptable)

28734 Stormcloud Pass
Wesley Chapel FL
Zip Code 33543

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or Florida.

SIGNATURE

Lee Ann Kelley (Lee Ann Andronico)

3-7-00

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 \$350.00

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	D	<input type="checkbox"/> Delete
NAME	ANDRONICO, CARMAN C	
STREET ADDRESS	18 W. END AVE.	
CITY-ST-ZIP	HAMMONTON NJ 08037	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERSINGER, PENNY	
STREET ADDRESS	15455 PLANTATION OAKS DR., UNIT 6	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KELLEY, LEE ANN	
STREET ADDRESS	17112 CARRINGTON PARK DR #905	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	618 Peach Street	
STREET ADDRESS	Hammonton, NJ 08037	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee Ann Andronico	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Lee Ann Andronico
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00
Date

813 973-4044
Daytime Phone #

CR2E034 (9/99)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90155 032 ***150.00



DO NOT WRITE IN THIS SPACE