

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065503

1. Entity Name

FUTURE VISION INSTITUTE, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90335 025 ***150.00

Principal Place of Business

5430 COUNTY ROAD 581
WESLEY CHAPEL FL 33543

Mailing Address

5430 COUNTY ROAD 581
WESLEY CHAPEL FL 33543

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

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

ANDRONICO, Lee Ann

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

28734 Stormcloud Pass

City

Wesley Chapel

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 of Florida.

SIGNATURE

Lee Ann Andronico

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

4-12-01

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, 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

TITLE **D** ☐ Delete
NAME **ANDRONICO, CARMAN C**
STREET ADDRESS **18 W. END AVE.**
CITY-ST-ZIP **HAMMONTON NJ 08037**

TITLE **D** ☒ Delete
NAME **PERSINGER, PENNY**
STREET ADDRESS **15455 PLANTATION OAKS DR., UNIT 6**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **ST** ☐ Delete
NAME **KELLEY, LEE ANN**
STREET ADDRESS **17112 CARRINGTON PARK DR #905**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS **618 Peach Street**
CITY-ST-ZIP **Hammononton, N.J. 08037**

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

TITLE **ST** ☒ Change ☐ Addition
NAME **Andronico, Lee Ann**
STREET ADDRESS **28734 Stormcloud Pass**
CITY-ST-ZIP **Wesley Chapel, FL. 33543**

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

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

TITLE ☐ Change ☐ 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)(c), 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

4-12-01

Date

Daytime Phone #

CR2E034 (10/00)