

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023443

1. Entity Name

VISION FAMILY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

7418 WESTMORELAND DRIVE
SARASOTA FL 34243

7418 WESTMORELAND DRIVE
SARASOTA FL 34243-1429

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

65-0823001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWMAN, DAVID G SR
22 S TUTTLE AVE
STE 3
SARASOTA FL 34237

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BECKSTEIN, EUGENE H
STREET ADDRESS 7418 WESTMORELAND DRIVE
CITY-ST-ZIP SARASOTA FL 34243

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

TITLE D ☐ Delete
NAME BECKSTEIN, ANNABELLE
STREET ADDRESS 7418 WESTMORELAND DRIVE
CITY-ST-ZIP SARASOTA FL 34243

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

TITLE D ☐ Delete
NAME BECKSTEIN, KIRK
STREET ADDRESS 7003 LONGBAY BLVD
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6756 ASHLEY COURT
CITY-ST-ZIP SARASOTA FL 34231

TITLE D ☐ Delete
NAME OVENS, JULIE
STREET ADDRESS 10305 BAULTUSROL PL
CITY-ST-ZIP BRADENTON FL 34202

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

TITLE D ☐ Delete
NAME TILTON, LESLIE
STREET ADDRESS P.O. BOX 75 N/A
CITY-ST-ZIP TERRA CEIA FL 34250

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

TITLE D ☐ Delete
NAME BECKSTEIN, BRUCE
STREET ADDRESS 8805 CROSSWOOD CT
CITY-ST-ZIP RIVERVIEW FL 33569

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)(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

01/10/00 941-351-2060
Date Daytime Phone #