

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2001 90212 019 \*\*\*150.00

**DOCUMENT # P98000031509**

1. Entity Name

**VISION TWENTY-ONE REFRACTIVE CENTER, INC.**

Principal Place of Business

7360 BRYAN DAIRY RD  
 STE 200  
 LARGO FL 34647

Mailing Address

7360 BRYAN DAIRY RD  
 STE 200  
 LARGO FL 34647

2. Principal Place of Business

120 W. FAYETTE ST.  
 Suite Apt. #, etc.  
 700

3. Mailing Address

120 W. FAYETTE ST.  
 Suite Apt. #, etc.  
 700

City & State

BALTIMORE MD

City & State

BALTIMORE MD

Zip

Country

21201-3741

Zip

Country

21201-3741

USA

4. FEI Number

59-3505649

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

SMITH, DARRELL C  
 101 EAST KENNEDY BLVD.  
 SUITE 2800  
 TAMPA FL 33602

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, 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 **GILLETTE, THEODORE N**  
 STREET ADDRESS **7360 BRYAN DAIRY RD STE 200**  
 CITY-ST-ZIP **LARGO FL 34647**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 **OP** ☐ Change ☒ Addition  
 NAME **GORDON, MARK**  
 STREET ADDRESS **120 W. FAYETTE ST. #700**  
 CITY-ST-ZIP **BALTIMORE, MD 21201-3741**

TITLE **T** ☐ Change ☒ Addition  
 NAME **JONES, RICHARD**  
 STREET ADDRESS **120 W. FAYETTE ST. #700**  
 CITY-ST-ZIP **BALTIMORE, MD 21201-3741**

TITLE **S** ☐ Change ☒ Addition  
 NAME **GORDON, ELLEN**  
 STREET ADDRESS **120 W. FAYETTE ST. #700**  
 CITY-ST-ZIP **BALTIMORE, MD 21201-3741**

TITLE **D** ☐ Change ☒ Addition  
 NAME **ALCORN, ANDREW**  
 STREET ADDRESS **120 W. FAYETTE ST. #700**  
 CITY-ST-ZIP **BALTIMORE, MD 21201-3741**

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)(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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD JONES** 4/30/01 410 752-0121  
 Date Daytime Phone #

CR2E034 (10/00)