

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041770

1. Entity Name

VISION TEAMS INTERNATIONAL, INC.

Principal Place of Business

1910 ROLLING GREEN CIRCLE  
SARASOTA FL 34240

Mailing Address

1910 ROLLING GREEN CIRCLE  
SARASOTA FL 34240

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 65-0917021

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

STRUBLE, DONALD W  
3650 17TH ST  
SARASOTA FL 34235

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JOSEPH P	
STREET ADDRESS	1005 KENSINGTON CIRCLE	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STRUBLE, DONALD W	
STREET ADDRESS	3650 17TH ST	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STRUBLE, EVERETT J	
STREET ADDRESS	4482 POMPAÑO ROAD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STRUBLE, PAULA A	
STREET ADDRESS	5824 BEE RIDGE ROAD, #169	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNO, Richard G.	
STREET ADDRESS	888 Blvd. of The Arts, #1404	
CITY-ST-ZIP	Sarasota, FL 34236	
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		
STREET ADDRESS	1910 Rolling Green Circle	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1910 Rolling Green Circle	
CITY-ST-ZIP	Sarasota, FL 34240	
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:

*Donald W. Struble*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald W. Struble

Jan. 22, 2001

Date

941-951-6486

Daytime Phone #

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91080 050 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

20010902

CR2E034 (10/00)