2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062373

VISION REALTY, CORP.

Principal Place of Business

Mailing Address

11983 TAMIAMI TR. N..#151

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NAPLES FL 34110 NAPLES FL 34110-1609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 0939066 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAXUM MANAGEMENT, CORP. Street Address (P.O. Box Number is Not Acceptable) 11983 TAMIAMI TR. N.,#151 NAPLES FL 34110 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Г Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change **X** Addition ☐ Delete TITLE WEYERS JUERGEN 11983 TAMIAMI TR N. \$151 WEYERS, JUERGEN NAME STREET ADDRESS 11983 TAMIAMI TR. N.,#151 STREET ADDRESS NAPLES, FL 34110 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 ☐ Delete TITLE ★ Addition TITLE PALMER TOBIAS 11983 TAMIAMI TR. M. #151 NAME NAME STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP WEYERS JUERGEN N. # 151 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS NAPLES, PL 34110 CITY-ST-ZIP CITY-ST-ZIP ☐ Change 🛣 Addition TITI F ☐ Delete PALMER TOBIAS NAME 11983 TAMIAMI TR. M. #151 STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIE TITLE

NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C Delete

Daytime Phone #

Change

Addition

FILED

Mar 14, 2000 8:00 am Secretary of State

03-14-2000 90028 042 ***150.00