

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062373

1. Entity Name

VISION REALTY, CORP.

FILED

01 MAR 12 PM 1:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
18570 Deep Passage Ln. 18570 Deep Passage Ln.
Ft. Myers Beach, FL 33931 Ft. Myers Beach, FL
33931 33931

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

65-0939066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Maxum Management, Corp.
11983 Tamiami Trail, North, #151
Naples, FL 34110

7. Name and Address of New Registered Agent

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 PDST ☐ Delete
NAME Weyers, Juergen
STREET ADDRESS 18570 Deep Passage Lane
CITY-ST-ZIP Ft. Myers Beach, FL 33931

TITLE VP ☐ Delete
NAME Siegmund, Helmut
STREET ADDRESS 18570 Deep Passage Lane
CITY-ST-ZIP Ft. Myers Beach, FL 33931

TITLE VPS ☒ Delete
NAME Palmer, Tobias
STREET ADDRESS 11983 Tamiami Tr. N. #151
CITY-ST-ZIP Naples, FL 34110

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS 300003851353--4
CITY-ST-ZIP -03/13/01--01112--007

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *****62.50 *****62.50
CITY-ST-ZIP

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

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

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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:

J. WEYERS

03/04/01

941-273-3889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)