

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702966

1. Entity Name

FLORIDA LIONS EYE BANK, INC.

**FILED**  
Feb 18, 2002 8:00 am  
Secretary of State

02-18-2002 90134 026 \*\*\*\*61.25

Principal Place of Business

900 NW 17TH ST  
MIAMI FL 33136  
US

Mailing Address

131C  
BOX 016880 (ZIP 33101)  
MIAMI FL 33101-6880  
US

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

59-0967012

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

MARY ANNE TAYLOR  
900 N.W. 17 STREET  
FLORIDA LIONS EYE BANK  
MIAMI FL 33136

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 of Registered Agent or authorized officer - and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete PRELLWITZ, EDWARD 828 NE 97TH ST MIAMI SHORES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TD MIGUEL, MIKE SAN 4442 SEA GRAPE DR LAUDERDALE BY THE SEA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete SD STEVENS, JACK 1850 BAY DRIVE MIAMI FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete PD HOVEL, MARVIN E 1000 KINGS HIGHWAY #335 PT. CHARLOTTE FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VD SZEMAN, WANDA 12900 97TH STREET FELLSMERE FL 32948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete VD HARPSTER, EARL 10174 182 COURT SOUTH BOCA RATON FL 33498

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD NAME STREET ADDRESS CITY-ST-ZIP DOTT, WAYNE 6606 Miami Lakes Drive MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD NAME STREET ADDRESS CITY-ST-ZIP KENNEDY, DON 7648 Olander Gate Drive #20 Naples, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VD NAME STREET ADDRESS CITY-ST-ZIP Tejeda, JUAN 13525 SW 23 ST MIAMI, FL

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (9/01)