

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90005 014 ****61.25

DOCUMENT # 762041

1. Entity Name

THE CATARACT TEACHING FOUNDATION, INC.

Principal Place of Business

Mailing Address

~~43309 US HWY 19 N~~
~~P.O. BOX 5000~~
 TARPON SPRINGS FL 34688-1608
 US

~~43309 US HWY 19 N~~
~~P.O. BOX 5000~~
 TARPON SPRINGS FL 34688-5000
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 1608

P.O. Box 1608

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TARPON SPRINGS FL

TARPON SPRINGS FL

Zip

Country

Zip

Country

34688-1608

FL PINELLAS

34688-1608

FL PINELLAS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERS, CARL B
 43309 US 19 N
 TARPON SPRINGS FL 34689

Name *BRIAN GOLDSMITH*

Street Address (P.O. Box Number is Not Acceptable)

43309 US HWY 19 N

City

TARPON SPRINGS

FL

Zip Code

34689

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]

BRIAN GOLDSMITH

4/17/00

Signature, typed or printed name of registered agent and title 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 **D** Delete
 NAME **PETERS, CARL B**
 STREET ADDRESS **6434 RIVER EDGE RD**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653-4341**

TITLE **PD** Change Addition
 NAME **ROWSEY JAMES**
 STREET ADDRESS **43309 US HWY 19 N**
 CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **VD** Delete
 NAME **DURHAM, DAVIS G.**
 STREET ADDRESS **43309 US HWY 19 N**
 CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **D** Change Addition
 NAME **FRIEDLAND LEW**
 STREET ADDRESS **43309 US HWY 19 N**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **PD** Delete
 NAME **WILLIAMS, DENNIS L.**
 STREET ADDRESS **43309 US HWY 19 N**
 CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **D** Change Addition
 NAME **CROWN ROBERT**
 STREET ADDRESS **1219 FRANKLIN CIRCLE**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **STD** Delete
 NAME **KISKADDON, BRUCE**
 STREET ADDRESS **43309 US HWY 19 N**
 CITY-ST-ZIP **TARPON SPRINGS FL 34688-1608**

TITLE **D** Change Addition
 NAME **MARGUAROT EMIL, JR.**
 STREET ADDRESS **625 COURT 1ST**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DST** Change Addition
 NAME **GOLDSMITH, BRIAN**
 STREET ADDRESS **43309 US HWY 19 N**
 CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 727-942-2591

Date

Daytime Phone #

CFR2037 (9/99)