

# 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*

4. FEI Number

**59-2335816**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

Country

Zip

Country

*34688-1608*

*PINELLAS*

*34688-1608*

*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 **MARGUARET 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)