

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90227 009 \*\*\*\*61.25

0001132

**DOCUMENT # 762041**

1. Entity Name

**THE CATARACT TEACHING FOUNDATION, INC.**

Principal Place of Business

PO BOX 1608  
 TARPON SPRINGS FL 34688-1608  
 US

Mailing Address

PO BOX 1608  
 TARPON SPRINGS FL 34688-1608  
 US

011076



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2335816**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name **GOLDSMITH, BRIAN**  
 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

**BRIAN GOLDSMITH**

**4/23/01**

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 NAME	PD ROWSEY, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	43309 US HWY 19N	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE NAME	D FRIEDLAND, LEW	<input type="checkbox"/> Delete
STREET ADDRESS	43309 US HWY 19 N	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE NAME	<del>PD</del> CROWN, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	43309 US HWY 19 N	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE NAME	D MARQUARAT JR, EMIL	<input type="checkbox"/> Delete
STREET ADDRESS	625 COURT ST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME	DST GOLDSMITH, BRIAN	<input type="checkbox"/> Delete
STREET ADDRESS	43309 US HWY 19 N	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED LEW FRIEDLAND** 4/23/01 727-942-2591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)