

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90002 024 ****61.25

DOCUMENT # 762041

1. Entity Name

THE CATARACT TEACHING FOUNDATION, INC.

Principal Place of Business

Mailing Address

~~PO BOX 1608~~
 TARPON SPRINGS FL ~~34688~~ 1608
 US

PO BOX 1608
 TARPON SPRINGS FL 34688-1608
 US

2. Principal Place of Business

43309 US HWY 19 N

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34689

4. FEI Number

59-2335816

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

7. Name and Address of New Registered Agent

GOLDSMITH, BRIAN
43309 US HWY 19 NORTH
TARPON SPRINGS FL 34689

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

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 ~~PD~~ Delete
 NAME **ROWSEY, JAMES**
 STREET ADDRESS **43309 US HWY 19N**
 CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **DVP** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~D~~ Delete
 NAME **FRIEDLAND, LEW**
 STREET ADDRESS **43309 US HWY 19 N**
 CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **DP** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CROWN, ROBERT**
 STREET ADDRESS **43309 US HWY 19 N**
 CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MARQUARAT JR, EMIL**
 STREET ADDRESS **625 COURT ST**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 reports 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEW FRIEDLAND 1/23/02 727-942-2591

Date

Daytime Phone #

CR2E037 (9/01)