

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006889

1. Entity Name

BRINT DAUBERT VISION INSTITUTE, LLC

Principal Place of Business

Mailing Address

1411 N. FLAGLER DRIVE - Ste 9500
WEST PALM BEACH FL 33401

1411 N. FLAGLER DRIVE #9500
WEST PALM BEACH FL 33401

FILED

01 JUL 26 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

52-2248673

Not Applicable

Zip

Country

Zip

Country

Palm Beach

Palm Beach

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANTON, ROGER C
4420 BEACON CIRCLE
WEST PALM BEACH FL 33401

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 \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

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-07/31/01--01079--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME DAUBERT, BRINT
STREET ADDRESS 1411 N. FLAGLER DRIVE #9500
CITY-ST-ZIP WEST PALM BEACH FL 33401

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STEPHEN BRINT

361-655-5056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE