

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000001293**

1. Entity Name  
CENTRAL FLORIDA EYE SPECIALISTS, P.L.

FILED

00 JAN 18 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
305 NEW YORK AVENUE  
DELAND FL 32724

Mailing Address  
305 NEW YORK AVENUE  
DELAND FL 32724-5509



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

59-2841109

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KROPP, THOMAS M M.D.  
305 NEW YORK AVENUE  
DELAND FL 32724

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  Delete  
NAME KROPP, THOMAS M M.D.  
STREET ADDRESS 305 EAST NEW YORK AVENUE  
CITY-ST-ZIP DELAND FL 32724

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  Delete  
NAME CORDERO, ROBERT M.D.  
STREET ADDRESS 305 EAST NEW YORK AVENUE  
CITY-ST-ZIP DELAND FL 32724

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600003112526--7  
-01/27/00--01025--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Robert Cordero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/12/00  
Date

904-734-2991  
Daytime Phone #