

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N92000000747**

1. Entity Name

FLORIDA EYE FOUNDATION, INC.**FILED**
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90002 013 ****61.25

Principal Place of Business

1717 WOOLBRIGHT RD
BOYNTON BEACH FL 33426

Mailing Address

1717 WOOLBRIGHT RD
BOYNTON BEACH FL 33426

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0376323

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CHUA, JONATHAN MD
1717 WOOLBRIGHT RD
BOYNTON BEACH FL 33426

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LILLY, LEE**
STREET ADDRESS **1717 WOOLBRIGHT RD.**
CITY-ST-ZIP **BOYNTON BEACH FL**TITLE **D** ☐ Delete
NAME **CHUA, JONATHAN MD**
STREET ADDRESS **1717 WOOLBRIGHT RD**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**TITLE **D** ☐ Delete
NAME **ZURAW, EDWARD**
STREET ADDRESS **209 S E FIFTH AVE**
CITY-ST-ZIP **DELRAY BEACH FL 33483-5206**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/02

561-777-5500

CR2E037 (9/01)