

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

02-06-2001 90040 028 \*\*\*150.00

**DOCUMENT # 597345**

1. Entity Name

**ROBERT B. SCOTT OCULARISTS OF FLORIDA, INC.**

Principal Place of Business

**3500 E FLETCHER AVENUE  
 SUITE 509  
 TAMPA FL 33613-4791  
 US**

Mailing Address

**111 N WABASH AVENUE  
 SUITE 1516  
 CHICAGO IL 60602  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1345960**

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

**PULLMAN, LEONARD  
 125 N SANDYHOOK ROAD  
 SARASOTA FL 33581**

Name

**Vivian Scott**

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

**3005 N. Beach Rd.**

**Manasota Key**

City

**Englewood**

**FL**

Zip Code

**34223**

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 **Vivian Scott**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/22/01**

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TD** ☐ Delete  
 NAME **SCOTT, ROBERT B**  
 STREET ADDRESS **111 N WABASH AVE**  
 CITY-ST-ZIP **CHICAGO IL**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **Scott, Robert B.**  
 STREET ADDRESS **3005 N. Beach Rd.**  
 CITY-ST-ZIP **Englewood, FL 34223**

TITLE **S** ☐ Delete  
 NAME **SCOTT, VIVIAN A.**  
 STREET ADDRESS **111 N WABASH AVE**  
 CITY-ST-ZIP **CHICAGO IL**

TITLE **S.** ☒ Change ☐ Addition  
 NAME **Scott, Vivian A.**  
 STREET ADDRESS **3005 N. Beach Rd.**  
 CITY-ST-ZIP **Englewood, FL 34223**

TITLE **P** ☐ Delete  
 NAME **SCOTT, ROLAND B.**  
 STREET ADDRESS **12 N. PINE ST.**  
 CITY-ST-ZIP **MT. PROSPECT IL**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Roland B. Scott**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/01**

Date

**312-782-3558**

Daytime Phone #

CR2E034 (10/00)