

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-06-2001 90238 045 ***150.00

915956



DO NOT WRITE IN THIS SPACE

DOCUMENT # 600577

1. Entity Name

ST. LUKE'S CATARACT AND LASER INSTITUTE, JAMES P

Principal Place of Business

**43309 US HWY 19N
 TARPON SPRINGS FL 34689
 US**

Mailing Address

**P O BOX 1608
 TARPON SPRINGS FL 34688-1608**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1224512**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FRIEDLAND, LEW
 43309 U.S. HIGHWAY 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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GILLS, JAMES P. 43309 US HIGHWAY 19 N TARPON SPRINGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, DONALD 43309 US HIGHWAY 19 N TARPON SPRINGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS KISKADDON, BRUCE M. 43309 US HIGHWAY 19 N TARPON SPRINGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AUSMUS, WILLIAM 43309 US HWY 19 N TARPON SPRINGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEUPREE, DANA 43309 US HWY 19 N TARPON SPRINGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WOLFSON, GLENN 43309 US HWY 19 N TARPON SPRINGS FL	☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES P. GILLS

Date

4/23/01 727-942-2591

Daytime Phone #

CR2E034 (10/00)