

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600651

1. Entity Name

SARASOTA OPHTHALMOLOGY ASSOCIATES, P.A.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90021 007 ***150.00

Principal Place of Business

1921 WALDEMERE ST.
STE. 405
SARASOTA FL 34239
US

Mailing Address

1921 WALDEMERE ST.
STE. 405
SARASOTA FLA 34239-2941
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 **59-1227847**

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

KALISH, WILLIAM
4100 BARNETT PLAZA
101 E. KENNEDY BLVD.
TAMPA FL 33601

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, 2000 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 **DP** ☐ Delete
NAME **BELMONT, W S**
STREET ADDRESS **3517 BAYOU LOUISE LANE**
CITY-ST-ZIP **SARASOTA, FL 00000**

TITLE **DP** ☒ Change ☐ Additio
NAME **BELMONT, WILLIAM S.**
STREET ADDRESS **306 GOLDENGATE POINT #6**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **VSD** ☐ Delete
NAME **SHEWMAKE, BOBBY J.**
STREET ADDRESS **1516 SANDPIPER LANE**
CITY-ST-ZIP **SARASOTA FL**

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

TITLE **TO** ☐ Delete
NAME **HALVEY, CORNELIUS H.**
STREET ADDRESS **1650 NORTH LODGE DR**
CITY-ST-ZIP **SARASOTA, FL.**

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

TITLE **SD** ☐ Delete
NAME **MONSON, THURSTON O**
STREET ADDRESS **4000 CASEY KEY RD**
CITY-ST-ZIP **NOKOMIS FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Additio
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.26.2000