

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603259

1. Entity Name  
ATLANTIC AVENUE EYE CARE, P.A.

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90151 050 \*\*\*550.00

Principal Place of Business  
204 E. ATLANTIC AVENUE  
DELRAY BCH FL 33444-3727

Mailing Address  
204 E. ATLANTIC AVENUE  
DELRAY BCH FL 33444-3727



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 59-1369720

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAPIN, ROBERT D. ESQ.  
1201 N.E. 8TH STREET  
DELRAY BEACH FL 33483

~~LISTICK, MICHAEL~~  
~~CARTER, CARL~~  
204 E ATLANTIC AVE  
DELRAY BEACH, FL 33444

Name: CARTER CARL  
Street Address (P.O. Box Number is not Acceptable): 204 E ATLANTIC AVE  
City: DELRAY BCH  
State: FL  
Zip Code: 33444

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: *Carl E. Carter*  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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: PD  
NAME: CARTER, CARL C  
STREET ADDRESS: 204 E ATLANTIC AVE  
CITY-ST-ZIP: DELRAY BEACH FL

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

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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:

*Carl E. Carter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00 561 278581  
Date Daytime Phone #