

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604390

1. Entity Name

PALM BEACH EYE GROUP, REGINALD J. STAMBAUGH, M.D

FILED

Apr 28, 2000 8:00 am  
Secretary of State

04-28-2000 90021 018 \*\*\*150.00

Principal Place of Business

2601 N. FLAGLER DR  
#203  
W. PALM BEACH FL 33407-5542

Mailing Address

2601 N. FLAGLER DR  
#203  
W. PALM BEACH FL 33401-3419

2. Principal Place of Business

1411 N. Flagler Dr.

3. Mailing Address

1411 N. Flagler DR.

Suite, Apt. #, etc.

Suite #7600

Suite, Apt. #, etc.

Suite #7600

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401-3419

Country

USA

Zip

33401-3419

Country

USA

4. FEI Number

59-1480084

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

STAMBAUGH, REGINALD J M.D.  
2601 N. FLAGLER DR. #203  
W. PALM BEACH FL 32407

Name

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

1411 N. Flagler Dr., #7600

City

West Palm Beach

FL

Zip Code  
33401

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, name or printed name of registered agent and title if applicable

R.J. Stambaugh

04/20/2000

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDT  
STAMBAUGH, REGINALD J  
272 QUEENS LANE  
PALM BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Palm Beach, FL 33480 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

04/20/2000

Date

561 659-2177

Daytime Phone #

CR2E034 (9/99)