2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State
08-15-2000 90013 024 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 677580

1. Entity Name
BARRY M. GAFFNEY, O.D., P.A.

Principal Place of Business	Mailing Address
802 W. DR MLK JR. BLVD. SUITE A PLANT CITY FL 33566	802 W. DR MLK JR. BLVD. SUITE A PLANT CITY FL 33566

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 59-2004868 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GAFFNEY, BARRY M
802 W. DR MLK JR. BLVD.
SUITE A
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

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 $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 NAME STREET ADDRESS CITY-ST-ZIP	PST GAFFNEY, BARRY M. 802 W. DR MLK JR. BLVD. PLANT CITY FL 33566	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAFFNEY, BARRY M. 802 W. DR MLK JR. BLVD. PLANT CITY FL 33566	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/00)

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 REQUIRED Barry Gaffney 8/10/00 813-754-3593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment # 677580 DN78905

081400

BARRY M GAFFNEY OD PA
EYE CARE AND CONTACT LENS SPECIALIST
802 W DR MARTIN L KING JR BLVD STE A
PLANT CITY, FLORIDA 33566
(813)754-3593
FAX (813)754-5464

August 8, 2000

Florida Dept of State
Division of Corporations
P O Box 1500
Tallahassee FL 32314

RE: 59-2004868 DOCUMENT #677580

To Whom It May Concern:

I did not receive the first notice for 2000 Uniform Business Report.

Enclosed, please find my check for $150.

Thank you.

Sincerely,

Barry M. Gaffney, O.D., P.A.

BMG/ds

Enclosure