2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90099 036 ****70.00

DOCUMENT # 706503

1. Entity Name

NATIONAL SOCIETY TO PREVENT BLINDNESS, FLORIDA A

Principal Place of Business	Mailing Address
3825 HENDERSON BLVD. ~~STE. 402~~ 206 TAMPA FL 33629 US	3825 HENDERSON BLVD. ~~STE. 402~~ 206 TAMPA FL 33629-5012 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 206	Suite, Apt. #, etc. 206
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6181662 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JORDAN-HOLMES SARAH CFRE 3825 HENDERSON BLVD. STE. 402 TAMPA FL 33629	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 — title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCGURN, LINDA C 101 S.E. 2ND PLACE, STE. 202 GAINESVILLE FL	☐ Delete	CD Thomas M. Riedhammer, Ph.D 8500 Hidden River Pkwy Tampa, FL 33637	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCNAMARA, PATRICK J 201 N. FRANKLIN ST., STE. 2300 TAMPA FL	☐ Delete	VCD Harold J. Costello 201 E. Kennedy Blvd., Suite 1611 Tampa, FL 33602	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD PENDER, MICHAEL R JR. 4803 WINCHESTER DRIVE SARASOTA FL	☐ Delete	PCD Michael R. Pender, Jr. 1605 Main Street, Suite 1100 Sarasota, FL 34236	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD SALUD, VIOLETA B. 1 WEST CENTRAL AVE., STE 103 LAKE WALES FL	XX Delete	VCD Isabel Norton 1500 North Drive Sarasota, FL 34239	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO JORDON/HOLMES, SARAH 3825 HENDERSON BLVD., STE. 402 TAMPA FL	☐ Delete	VCD James M. Callahan 7500 Centurion Blvd. Jacksonville, FL 32256	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/13/2000 (813) 874-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #