2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
04-02-2001 90049 028 ****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~~ TAMPA FL 33629 US	3825 HENDERSON BLVD. STE. ~~402~~ TAMPA FL 33629 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3825 Henderson Blvd.	3825 Henderson Blvd.
Suite, Apt. #, etc.: Suite 206	Suite, Apt. #, etc.: Suite 206
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33629 Country: Hillsborough	Zip: 33629 Country: Hillsborough

4. FEI Number 59-6181662 ☐ 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
JORDAN-HOLMES SARAH CFRE 3825 HENDERSON BLVD. STE. ~~402~~ 206 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC Callahan, James 7500 Centurion Blvd. Jacksonville, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCNAMARA, PATRICK J 201 N. FRANKLIN ST., STE. 2300 TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC McNamara, Patrick J. 101 E. Kennedy Blvd., Suite 3400 Tampa, FL 33602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD PENDER, MICHAEL R JR. 4803 WINCHESTER DRIVE SARASOTA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Pender, Michael 4803 Winchester Dr. Sarasota, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD SALUD, VIOLETA B. 1 WEST CENTRAL AVE., STE 103 LAKE WALES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Riedhammer, Thomas 309 Hidden Lake Dr. Brandon, FL 33511	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO JORDON/HOLMES, SARAH 3825 HENDERSON BLVD., STE. 402 TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO Jordan-Holmes, Sarah 3825 Henderson Blvd., Suite 206 Tampa, FL 33629	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Norton, Isabel 1500 North Blvd. 34239	☐ Change ☐ Addition

CR2E037 (10/00)

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: Sarah Jordan Holmes 3-20-01 813-874-2020 x101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #