2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90272 018 ****70.00

DOCUMENT # 706503

1. Entity Name

NATIONAL SOCIETY TO PREVENT BLINDNESS, FLORIDA AFFILIATE, INC.

Principal Place of Business	Mailing Address
3825 HENDERSON BLVD. SUITE 206 TAMPA FL 33629 US	3825 HENDERSON BLVD. SUITE 206 TAMPA FL 33629 US

B0073933

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3825 Henderson Blvd.	3825 Henderson Blvd.
Suite, Apt. #, etc.: Suite 402	Suite, Apt. #, etc.: Suite 402
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33629 Country: USA	Zip: 33629 Country: USA

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 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 of registered agent and 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	VC CALLAHAN, JAMES 7500 CENTURION BLVD JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Pinney, Steven 8813 Highway 41 South Riverview, FL 33569	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC MCNAMARA, PATRICK J 101 E KENNEDY BLVD SUITE 3400 TAMPA FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD McNamara, Patrick J. 101 E. Kennedy Blvd., Suite 3400 Tampa, FL 33602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PENDER, MICHAEL R JR. 4803 WINCHESTER DRIVE SARASOTA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Esposito, Deborah S. 10195 Windtree Blvd. ~~Seminole, FL 33772~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD RIEDHAMMER, THOMAS 309 HIDDEN LAKE DRIVE BRANDON FL 33511	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Riedhammer, Thomas 309 Hidden Lake Drive Brandon, FL 33511	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO JORDAN-HOLMES, SARAH 3825 HENDERSON BLVD., STE. 402 TAMPA FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NORTON, ISABEL 1500 NORTH BOULEVARD SARASOTA FL 34239	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Norton, Isabel 1500 North Blvd. Sarasota, FL 34239	☒ Change Addition

CR2E037 (9/01)

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 Sarah Jordan Holmes 813-814-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #