

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706835

1. Entity Name

CENTRAL FLORIDA LIONS SIGHT CLINIC, INC.

FILED

May 12, 2002 8:00 am
Secretary of State

05-12-2002 90573 042 ****61.25

Principal Place of Business

1 E. COLONIAL DRIVE
ORLANDO FL 32801

Mailing Address

1 E. COLONIAL DRIVE
ORLANDO FL 32801

00000000

2. Principal Place of Business

5412 N DEAN RD

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 677036

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

UNION PARK FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32817

Country

ORANGE

Zip

32867-7036

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEDLEY, PAUL J
9930 CHESHAM DR
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name DAVID A LOPEZ

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

5412 N DEAN ROAD

City ORLANDO

FL

Zip Code 32817

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

TITLE VPD
NAME NEDLEY, NATALIE
STREET ADDRESS 9930 CHESHAM DRIVE
CITY-ST-ZIP ORLANDO FL 32817-3280 ☒ Delete

TITLE PTD
NAME NEDLEY, PAUL
STREET ADDRESS 9930 CHESHAM DRIVE
CITY-ST-ZIP ORLANDO FL 32817-3280 ☒ Delete

TITLE SD
NAME KOZUMPLIK, FRANK
STREET ADDRESS 1140 WILLOWBROOK TRAIL
CITY-ST-ZIP MAITLAND FL 32751 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PTD
NAME DAVID A LOPEZ
STREET ADDRESS 5412 N. DEAN RD
CITY-ST-ZIP ORLANDO FL 32817 ☐ Change ☒ Addition

TITLE VPD
NAME NATHAN G WHITE
STREET ADDRESS 7742 LADY FRANCES WAY
CITY-ST-ZIP ORLANDO FL 32817 ☐ Change ☒ Addition

TITLE SD
NAME ALAN WATTS
STREET ADDRESS 241 BURGOING
CITY-ST-ZIP DAVENPORT FL 33537 ☐ Change ☒ Addition

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/02 (407) 679-8127
(407) 317 3245

CR2E037 (9/01)