2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714355

1. Entity Name

FLORIDA OPTOMETRIC ASSOCIATION CHARITIES, INC.

FILED

01 JAN 30 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1082

0000892

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2958 WELLINGTON CIRCLE NORTH SUITE 200 TALLAHASSEE FL 32308 US	2958 WELLINGTON CIRCLE NORTH SUITE 200 TALLAHASSEE FL 32308 US

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 59-1261771 ☐ 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
CARSON, LEONARD A 2958 WELLINTON CIRCLE NORTH SUITE 200 TALLAHASSEE FL 32308	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	PD FOREMAN, RONADL OD 1387 S. 1ST ST. LAKE CITY FL 32055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition See Attachment
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DERICKSON, JOHN OD 2062 ST MARTINS DR, W. JACKSONVILLE FL 32246	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition See Attachment
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TF LOSHIN, DAVID OD 3200 S. UNIVERSITY DR, STE. 14 FORT LAUDERDALE FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition See Attachment LS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CLAY, JUDITH A OD 2567 CAPITAL MEDICAL BLVD. TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition See Attachment
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000003656110--8 -02/07/01--01071--017 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Judith A. Clay OD Pres 01/27/01 850-656-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Judith A. Clay OD, President

2 of 2

Directors of Florida Optometric Association Charities, Inc.

Title:	PD
Name:	Clay, Judith A., O.D.
Street Address:	2567 Capital Medical Blvd.
City-St-Zip:	Tallahassee, FL 32308
Title:	VD
Name:	Reekers, Pamela R., O.D.
Street Address:	651 W. Indiantown Rd., Suite M
City-St-Zip:	Jupiter, FL 33458
Title:	SD
Name:	Levitt, Alan, O.D.
Street Address:	1031 Ives Dairy Rd., Suite 133
City-St-Zip:	North Miami Beach, FL 33179
Title:	TD
Name:	Loshin, David, O.D.
Street Address:	32000 S. University Dr.
City-St-Zip:	Ft. Lauderdale, FL 33328
Title:	D
Name:	Boyle, Kenneth, O.D.
Street Address:	209 Ashbourne Ct.
City-St-Zip:	Melbourne, FL 32940
Title:	D
Name:	Fisher, Alan, O.D.
Street Address:	2025 E. Edgewood Dr.
City-St-Zip:	Lakeland, FL 33803
Title:	D
Name:	King, Chris, O.D.
Street Address:	1800 Placida Rd.
City-St-Zip:	Englewood, FL 34423
Title:	D
Name:	Foreman, Ron, O.D.
Street Address:	1387 S. First St.
City-St-Zip:	Lake City, FL 32055
Title:	D
Name:	Stern, Sidney, O.D.
Street Address:	8732 Sunset Dr.
City-St-Zip:	Miami, FL 33171