2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90150 015 ****61.25

DOCUMENT # 714355

1. Entity Name

FLORIDA OPTOMETRIC ASSOCIATION CHARITIES, INC.

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

B0041227

DO NOT WRITE IN THIS SPACE

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	D FOREMAN, RONALD O.D. 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	D BOYLE, KENNETH O.D. 209 ASHBOURNE CT. MELBOURNE FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition See Attachment
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LOSHIN, DAVID O.D. 32000 S. UNIVERSITY DRIVE FORT LAUDERDALE FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition See Attachment
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLAY, JUDITH A O.D. 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	VD REEKERS, PAMELA R O.D. 651 W. INDIANTOWN ROAD, STE. M JUPITER FL 33458	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition See Attachment
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEVITT, ALAN O.D. 1031 IVES DAIRY ROAD, STE. 133 NORTH MIAMI BEACH FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition See Attachment

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: SIGNATURE REQUIRED 2/25/02 321 752-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
B0041287
#N14355

Directors of Florida Optometric Association Charities, Inc.

Title:	PD
Name:	Boyle, Kenneth, O.D.
Street Address:	209 Ashbourne Court
City-St-Zip:	Melbourne, FL 32940

Title:	VD
Name:	Levitt, Alan, O.D.
Street Address:	1031 Ives Dairy Road, Suite 133
City-St-Zip:	North Miami Beach, FL 33179

Title:	SD
Name:	Kosanovich, Tad, O.D.
Street Address:	579 S. Indiana Ave., Suite B-1
City-St-Zip:	Englewood, FL 34223

Title:	TD
Name:	Loshin, David, O.D.
Street Address:	32000 S. University Drive
City-St-Zip:	Ft. Lauderdale, FL 33328

Title:	D
Name:	Clay, Judith A., O.D.
Street Address:	2567 Capital Medical Blvd.
City-St-Zip:	Tallahassee, FL 32308

Title:	D
Name:	Fisher, Alan, O.D.
Street Address:	1340 Osprey Landing Drive
City-St-Zip:	Lakeland, FL 33813

Title:	D
Name:	Petito, G. Timothy, O.D.
Street Address:	8695 4th Street, North
City-St-Zip:	St. Petersburg, FL 33702

Title:	D
Name:	Stern, Sidney, O.D.
Street Address:	8732 Sunset Drive
City-St-Zip:	Miami, FL 33173

Title:	D
Name:	Young, Art, O.D.
Street Address:	4085 Hancock Bridge Parkway, Unit 110
City-St-Zip:	Fort Myers, FL 33903