

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90133 039 *****61.25

0031335

DOCUMENT # 716755

1. Entity Name

LAUDERDALE BY THE SEA LIONS EYE FOUNDATION, INC.



Principal Place of Business

**255 COMMERCIAL BLVD.
200
LAUDERDALE BY THE SEA FL 33308
US**

Mailing Address

**255 COMMERCIAL BLVD.
200
LAUDERDALE BY THE SEA FL 33308
US**

10010714



2. Principal Place of Business

4442 SEA GRAPE DR

3. Mailing Address

4442 SEA GRAPE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

LAUDERDALE BY THE SEA FL

City & State

LAUDERDALE BY THE SEA FL

FL 4. FEI Number **23-7036268**

Applied For

Not Applicable

Zip

33308

Country

US

Zip

33308

Country

US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SAN MIGUEL, MIKE
255 COMMERCIAL BLVD
STE 200
LAUDERDALE BY THE SEA FL 33308**

7. Name and Address of New Registered Agent

Name

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

4442 SEA GRAPE DR

City

LAUDERDALE BY THE SEA FL

Zip Code

33308

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	PEARSON, NELS	
STREET ADDRESS	3100 NE 49TH TERR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAN MIGUEL, MICHAEL	
STREET ADDRESS	4442 SEA GRAPE DR	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELS PEARSON	
STREET ADDRESS	3100 NE 49TH TERR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZIO, JOHN DEL	
STREET ADDRESS	7045 NW 72ND TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

1/20/03

954 647-7752

CR2E037 (10/02)