

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735477

1. Entity Name

HUGO SCHIMEK MEMORIAL EYE FOUNDATION, INC.

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90011 041 \*\*\*\*70.00

Principal Place of Business

2410 WEST PLAZA DRIVE  
TALLAHASSEE FL 32303

Mailing Address

C/O SCHIMEK, R. M.D.  
4224 HOUMA BLVD STE 110  
METAIRIE LA 70118  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1694261

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVIDSON, GENE L.  
2410 WEST PLAZA DRIVE  
TALLAHASSEE FL 32303

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**  
**After September 13, 2000 min. will be \$236.25**

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 PDM  
NAME SCHIMEK, M.D., ROBERT A ☐ Delete  
STREET ADDRESS 4224 HOUMA BLVD.  
CITY-ST-ZIP METAIRIE LA

TITLE D ☐ Change ☒ Addition  
NAME Young, Joseph  
STREET ADDRESS 4100 St. Charles Ave.  
CITY-ST-ZIP New Orleans, LA. 70115

TITLE D ☐ Delete  
NAME SLATTEN, CECILIA  
STREET ADDRESS 203 WALNUT STREET  
CITY-ST-ZIP NEW ORLEANS LA

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

TITLE DC ☒ Delete  
NAME SCHIMEK, WILMA  
STREET ADDRESS 1823 PRYTANIA STREET  
CITY-ST-ZIP NEW ORLEANS LA

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

TITLE DC ☐ Delete  
NAME DAVIDSON, GENE L.  
STREET ADDRESS 2410 W. PLAZA DRIVE  
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE TDS ☐ Delete  
NAME BOURGEOIS, ELEANOR (MRS)  
STREET ADDRESS 1369 CHEROKEE STREET  
CITY-ST-ZIP METAIRIE LA

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

TITLE VD ☐ Delete  
NAME NELSON, SUSIE  
STREET ADDRESS 300 LAKE MARINA DR.  
CITY-ST-ZIP NEW ORLEANS LA

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)