

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90233 040 ****70.00

DOCUMENT # 735477

1. Entity Name

HUGO SCHIMEK MEMORIAL EYE FOUNDATION, INC.

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 12, 2001, 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

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

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

TITLE NAME ☐ Delete
D YOUNG, JOSEPH
STREET ADDRESS **4100 ST CHARLES AVE.**
CITY-ST-ZIP **NEW ORLEANS LA 70115**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☒ Addition
D Denise Villere
STREET ADDRESS **6506 Oakland Drive**
CITY-ST-ZIP **New Orleans, LA. 70118**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ 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:

Robert A. Schimek, M.D. (P)
Robert A. Schimek, M.D. (M)

07/23/2001

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CR2E037 (5/01)