

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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90527 033 \*\*\*\*\*70.00

**DOCUMENT # 735477**

1. Entity Name

**HUGO SCHIMEK MEMORIAL EYE FOUNDATION, INC.**



Principal Place of Business

**2410 WEST PLAZA DRIVE  
C/O DAVIDSON, M.D., GENE L  
TALLAHASSEE FL 32303**

Mailing Address

**C/O SCHIMEK, M.D., ROBERT A.  
3217 CANAL STREET  
NEW ORLEANS LA 70119  
US**

2. Principal Place of Business

**C/O Davidson, M.D. Gene L.**

3. Mailing Address

**c/o Schimek, M.D. Robert A.**

Suite, Apt. #, etc.

**2410 West Plaza Drive**

Suite, Apt. #, etc.

**3217 Canal ST.**

City & State

**Tallahassee, FL**

City & State

**New Orleans, La.**

Zip

**32303**

Country

**USA**

Zip

**70119**

Country

**USA**

4. FEI Number **59-1694261**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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 **PDM** ☐ Delete  
NAME **SCHIMEK, M.D., ROBERT A**  
STREET ADDRESS **3217 CANAL STREET**  
CITY-ST-ZIP **NEW ORLEANS LA 70119**

TITLE **D** ☐ Delete  
NAME **SLATTEN, CECILIA**  
STREET ADDRESS **203 WALNUT STREET**  
CITY-ST-ZIP **NEW ORLEANS LA 70118**

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

TITLE **DC** ☐ Delete  
NAME **DAVIDSON, GENE L.**  
STREET ADDRESS **2410 W. PLAZA DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **T/D** ☐ Delete  
NAME **COE, WILLIAM**  
STREET ADDRESS **4905 ST. CHARLES AVE.**  
CITY-ST-ZIP **NEW ORLEANS LA 70115**

TITLE **VD** ☐ Delete  
NAME **NELSON, SUSIE**  
STREET ADDRESS **300 LAKE MARINA DR.**  
CITY-ST-ZIP **NEW ORLEANS LA 70124**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S/D** ☐ Change ☐ Addition  
NAME **Schimek, Denise Villere**  
STREET ADDRESS **6506 Oakland Dr.**  
CITY-ST-ZIP **New Orleans, La. 70118**

TITLE **D** ☐ Change ☐ Addition  
NAME **Coe, Yvonne**  
STREET ADDRESS **4905 St. Charles Ave.**  
CITY-ST-ZIP **New Orleans, La. 70115**

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

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

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

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

**1/17/03 (504)822-3937**

CR2E037 (10/02)