

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 741946**

1. Entity Name

**RETINITIS PIGMENTOSA FOUNDATION, CENTRAL FLORIDA**

Principal Place of Business

**201 RIVERVIEW DR.  
LONGWOOD FL 32779-2147**

Mailing Address

**201 RIVERVIEW DR.  
LONGWOOD FL 32779-2147**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1882972**

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

Name

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

City

**FL**

Zip Code

**CHATLOS, WILLIAM  
201 RIVERVIEW DR.  
LONGWOOD FL 32779**

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

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **SPOONE, DAN**  
CITY-ST-ZIP **10332 YORKMERE CT  
ORLANDO FL**TITLE ☐ Delete  
NAME **STD**  
STREET ADDRESS **BERMAN, JED**  
CITY-ST-ZIP **200 CROOKED OAK COURT  
LONGWOOD FL**TITLE ☐ Delete  
NAME **VPD**  
STREET ADDRESS **DAY, DAN**  
CITY-ST-ZIP **494 WIND MEADOWS  
ALTAMONTE SPRINGS FL**TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **CHATLOS, WILLIAM J**  
CITY-ST-ZIP **201 RIVERVIEW DR  
LONGWOOD FL 32779**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
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:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**01/20/00 407-862-0882**  
Date Daytime Phone #**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90184 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE