

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 17, 2000 08:00 AM  
Secretary of State

DOCUMENT # 755898

1. Entity Name

PALM BEACH COUNTY OPTOMETRIC SOCIETY, INC.

Principal Place of Business

1280 W. LANTANA RD.

LANTANA  
33462

FL

US

Mailing Address

19605 S. ST RD 7 #D

BOCA RATON  
33498

FL

2. Principal Place of Business

19605 STATE ROAD 7

Suite, Apt. #, etc.

D

City & State

BOCA RATON

FL

Zip  
33498

Country  
US

3. Mailing Address

1900 OKEECHOBEE BLVD

Suite, Apt. #, etc.

C10

City & State

WEST PALM BEACH

FL

Zip  
33409

Country  
US

4. FEI Number

59-2471857

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHAFFER JUDI LDR

3239 CLINT MOORE RD, #201

BOCA RATON

FL

33496

US

7. Name and Address of New Registered Agent

Name

NASON

MICHAEL SDR

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

1900 OKEECHOBEE BLVD.

C10

City

WEST PALM BEACH

FL

Zip Code  
33409

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 MICHAEL S. NASON, O.D.

07/17/2000

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 TR ☐ Delete  
NAME MORRIS RICK J  
STREET ADDRESS 19605 S ST RD 7 #D  
CITY-ST-ZIP BOCA RATON FL 33498

TITLE ST ☐ Delete  
NAME SCHAFFER JUDI LDR  
STREET ADDRESS 3239 CLINT MOORE RD, #201  
CITY-ST-ZIP BOCA RATON FL 33496

TITLE DVP ☐ Delete  
NAME MAULE TAMARA  
STREET ADDRESS 8903 GLADES RD., BAY A1-4  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE DP ☐ Delete  
NAME ERICKSON TODD  
STREET ADDRESS 1280 W. LANTANA RD.  
CITY-ST-ZIP LANTANA, FL 33462

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TR ☒ Change ☐ Addition  
NAME NASON MICHAEL SDR.  
STREET ADDRESS 1900 OKEECHOBEE BLVD., SUITE C10  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ST ☒ Change ☐ Addition  
NAME BROCKMAN MARC DR  
STREET ADDRESS 7108 FAIRWAY DRIVE, SUITE 340  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE DVP ☒ Change ☐ Addition  
NAME MORRIS RICK DR.  
STREET ADDRESS 19605 S ST RD 7, SUITE D  
CITY-ST-ZIP BOCA RATON FL 33498

TITLE DP ☒ Change ☐ Addition  
NAME STEPHENSON DOUGLAS DR.  
STREET ADDRESS 1390 US HIGHWAY 1, SUITE 12  
CITY-ST-ZIP JUNO BEACH FL 33408

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

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.