

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755898

1. Entity Name

PALM BEACH COUNTY OPTOMETRIC SOCIETY, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90274 018 ****61.25

00051383



DO NOT WRITE IN THIS SPACE

Principal Place of Business
19605 STATE ROAD 7
D
BOCA RATON FL 33498
US

Mailing Address
1900 OKEECHOBEE BLVD
C10
WEST PALM BEACH FL 33409
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2471857

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

NASON, MICHAEL S DR
1900 OKEECHOBEE BLVD.
C10
WEST PALM BEACH FL 33409

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

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

TITLE DP
NAME Dr. Michael S. Nason
STREET ADDRESS 1900 Okeechobee Blvd, Suite C10
CITY-ST-ZIP WPB, FL 33409 ☒ Change ☐ Addition

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

TITLE DVP
NAME Dr. Marc Brachman
STREET ADDRESS 7108 Fairway Dr Suite 340
CITY-ST-ZIP PBG, FL 33418 ☒ Change ☐ Addition

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

TITLE ST
NAME Dr. Mary Barbaccia
STREET ADDRESS 6802 Forest Hill SW
CITY-ST-ZIP WPB, FL 33413 ☐ Change ☒ Addition

TITLE TR
NAME NASON, MICHAEL S DR.
STREET ADDRESS 1900 OKEECHOBEE BLVD., SUITE C10
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

TITLE TR
NAME Dr. Steven Silverstone
STREET ADDRESS 7486 Sally Lynn Lane
CITY-ST-ZIP Lake Worth, FL 33467 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

(561)471-0888

Daytime Phone #

CR2E037 (10/00)