

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762041

1. Entity Name

THE CATARACT TEACHING FOUNDATION, INC.

FILED

Apr 23, 2000 8:00 am  
Secretary of State

04-23-2000 90005 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~43309 US HWY 19 N~~  
~~P.O. BOX 5000~~  
TARPON SPRINGS FL 34688-1608  
US

~~43309 US HWY 19 N~~  
~~P.O. BOX 5000~~  
TARPON SPRINGS FL 34688-1608  
US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 1608

P.O. BOX 1608

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TARPON SPRINGS FL

TARPON SPRINGS FL

Zip

Country

Zip

Country

34688-1608

FLORIDA

34688-1608

FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERS, CARL B  
43309 US 19 N  
TARPON SPRINGS FL 34688

Name BRIAN GOLDSMITH

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

43309 US HWY 19 N

City

TARPON SPRINGS

FL

Zip Code

34688

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 D ☒ Delete  
NAME PETERS, CARL B  
STREET ADDRESS 6434 RIVER EDGE RD  
CITY-ST-ZIP NEW PORT RICHEY FL 34653-4341

TITLE PD ☐ Change ☒ Addition  
NAME ROWSEY, JAMES  
STREET ADDRESS 43309 US HWY 19 N  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE VD ☒ Delete  
NAME DURHAM, DAVIS G.  
STREET ADDRESS 43309 US HWY 19 N  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE D ☐ Change ☒ Addition  
NAME FRIEDLAND, LEW  
STREET ADDRESS 43309 US HWY 19 N  
CITY-ST-ZIP TARPON SPRINGS FL 34688

TITLE PD ☒ Delete  
NAME WILLIAMS, DENNIS L.  
STREET ADDRESS 43309 US HWY 19 N  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE D ☐ Change ☒ Addition  
NAME CROWN, ROBERT  
STREET ADDRESS 1219 FRANKLIN CIRCLE  
CITY-ST-ZIP CLEARWATER FL

TITLE STD ☒ Delete  
NAME KISKADDON, BRUCE  
STREET ADDRESS 43309 US HWY 19 N  
CITY-ST-ZIP TARPON SPRINGS FL 34688-1608

TITLE D ☐ Change ☒ Addition  
NAME MARQUART, EMIL, JR.  
STREET ADDRESS 625 COURT ST  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DST ☐ Change ☒ Addition  
NAME GOLDSMITH, BRIAN  
STREET ADDRESS 43309 US HWY 19 N  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ Delete  
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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00 727-942-2591

CR2E037 (9/99)