

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762041

1. Entity Name

THE CATARACT TEACHING FOUNDATION, INC.

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90002 024 ****61.25

Principal Place of Business

Mailing Address

~~PO BOX 1608~~
TARPON SPRINGS FL ~~34688-1608~~
US

PO BOX 1608
TARPON SPRINGS FL 34688-1608
US

2. Principal Place of Business

3. Mailing Address

43309 US HWY 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2335816

Applied For

Not Applicable

Zip

Country

Zip

Country

34689

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

GOLDSMITH, BRIAN
43309 US HWY 19 NORTH
TARPON SPRINGS FL 34689

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 ~~PD~~ ☐ Delete
NAME ROWSEY, JAMES
STREET ADDRESS 43309 US HWY 19N
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ~~DVP~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~D~~ ☐ Delete
NAME FRIEDLAND, LEW
STREET ADDRESS 43309 US HWY 19 N
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ~~DP~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~D~~ ☐ Delete
NAME CROWN, ROBERT
STREET ADDRESS 43309 US HWY 19 N
CITY-ST-ZIP TARPON SPRINGS FL

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

TITLE ~~D~~ ☐ Delete
NAME MARQUARAT JR, EMIL
STREET ADDRESS 625 COURT ST
CITY-ST-ZIP CLEARWATER FL

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

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

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

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

LEW FRIEDLAND

1/23/02

727-942-2591

Date

Daytime Phone #

CR2E037 (9/01)