

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 03, 2001 08:00 AM****Secretary of State****DOCUMENT # 769642**

1. Entity Name

THE FLORIDA OPTOMETRIC CONSORTIUM, INC

Principal Place of Business

Mailing Address

7050 GOLF POINTE CIRCLE

7050 GOLF POINTE CIRCLE

TAMARAC

FL

TAMARAC

FL

333212727

US

333212727

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2303847

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

LEVY LEO

7050 GOLF POINTE CIRCLE

TAMARAC

FL

33321

US

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 **LEO LEVY****02/03/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|----------------------|------------------|---------------------|-------|------|----------------|-------------|
| D | BOSHNICK EDWARD L | 8479 CORAL WAY | MIAMI FL 33155 | | | | |
| TD | EICHENBAUM, BARRY A. | 58 MIRACLE MILE | CORAL GABLES FL | | | | |
| PD | KEPLEY STEPHEN MOD | 1415 - 16 STREET | VERO BEACH FL 32960 | | | | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Stephen M. Kepley**PD****02/03/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee #

CR2E037 (11/00)