

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jul 12, 2000 8:00 am
Secretary of State

05-18-2000 90355 010 ****70.00

DOCUMENT # 853259

1. Entity Name

THE FOUNDATION FIGHTING BLINDNESS, INC.

Principal Place of Business

11350 MCCORMICK ROAD
 EXECUTIVE PLAZA I SUITE 800
 HUNT VALLEY MD 21031-1014
 US

Mailing Address

11350 MCCORMICK ROAD
 EXECUTIVE PLAZA I SUITE 800
 HUNT VALLEY MD 21031-1002
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7135845

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

N. R. P. F. CENTRAL FLORIDA AFFILIATE
 710 MIAMI SPRINGS DR.
 LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name: ~~The Foundation Fighting Blindness, Central Florida Affiliate~~
William J. Chatlos
 710 Miami Springs Drive
 City: Longwood FL Zip Code: 32779

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

William J. Chatlos

William J. Chatlos

1/13/00

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 | CD | <input type="checkbox"/> Delete |
| NAME | GUND, GORDON | |
| STREET ADDRESS | NASSAU ST. | |
| CITY-ST-ZIP | PRINCETON NJ | |
| TITLE | VCD | <input type="checkbox"/> Delete |
| NAME | FINKELSTEIN, HARRIET | |
| STREET ADDRESS | 3605 PHILIPS DRIVE | |
| CITY-ST-ZIP | BALTIMORE MD | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | FREEDMAN, DANIEL | |
| STREET ADDRESS | 111 HALMET HILL ROAD #1108 | |
| CITY-ST-ZIP | BALTIMORE MD | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | GOLLOB, EDWARD | |
| STREET ADDRESS | 60 PENNSYLVANIA AVE. | |
| CITY-ST-ZIP | KEARNY, NJ | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | DEZIL, STEVE | |
| STREET ADDRESS | 19 S. TENNESSE AVE. | |
| CITY-ST-ZIP | ATLANTIC CITY NJ | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | LEA, HAYNES P. | |
| STREET ADDRESS | 101 NORTH TRYON ST. | |
| CITY-ST-ZIP | CHARLOTTE NC | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Senior Vice President | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Peter Whinfrey | |
| STREET ADDRESS | 1355 South River Street | |
| CITY-ST-ZIP | Batavia, IL 60510 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Harriet Finkelstein* **Harriet L. Finkelstein** 1/13/00 (410) 785-1414
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)