

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014817 AF

DOCUMENT # A31921

1. Entity Name

R AND R SEMINOLE, LTD.

Principal Place of Business

2834 Seabreeze Drive S  
Gulfport, Florida 33707

Mailing Address

2834 Seabreeze Drive S  
Gulfport, Florida 33707

FILED  
01 MAR 30 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2834 Seabreeze Dr.

3. Mailing Address

2834 Seabreeze Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulfport, FL

City & State

Gulfport, FL

Zip

33707

Country

Zip

33707

Country

4. FEI Number

59-3080701

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOKOR, BRUCE  
911 CHESTNUT STREET  
CLEARWATER FL 34617

7. Name and Address of New Registered Agent

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

9. Capital Contributions  
as Shown on record.

\$60,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P97000028737  
NAME FLORIDA EYE PHYSICIANS  
STREET ADDRESS 2834 Seabreeze Drive S  
CITY-ST-ZIP Gulfport, Florida 33707

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 2834 Seabreeze Drive  
CITY-ST-ZIP Gulfport, FL 33707

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS 000003593730--5  
CITY-ST-ZIP -04/12/01--01028--003  
\*\*\*\*508.75 \*\*\*\*508.75

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/23/01

CR2E003 (11/00)