

2000 UNIFORM BUSINESS REPORT (UBR)

AMENDMENT

DOCUMENT # F75363

1. Entity Name

FAMILY EYE CARE, P.A.

Principal Place of Business

Mailing Address

1840 Dunn Avenue
Jacksonville, Florida 32218

same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2207509

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

7. Name and Address of New Registered Agent

Bruce M. Caperton
1840 Dunn Avenue
Jacksonville, FL 32218

Name

Daniel D. Akel, Esq.

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

One Independent Drive, Suite 2301

City

Jacksonville

FL

Zip Code
32202

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. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D,P
NAME Caperton, Bruce M.
STREET ADDRESS 1840 Dunn Avenue
CITY-ST-ZIP Jacksonville, FL 32218 ☒ Delete

TITLE P,D
NAME Gary M. Akel
STREET ADDRESS 953 South Lane Avenue
CITY-ST-ZIP Jacksonville, FL 32205 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE S-T,D
NAME James Watts
STREET ADDRESS 11808 San Jose Boulevard
CITY-ST-ZIP Jacksonville, FL 32257 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY M. AKEL, President

Date

Daytime Phone #

CR2E034 (9/99)

FILED
01 MAR -1 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA