

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002780

1. Entity Name

SIGHT PHARMACEUTICALS INCORPORATED

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90065 018 ***150.00

Principal Place of Business Mailing Address
ONE BAUSCH & LOMB PLACE ONE BAUSCH & LOMB PLACE
C/O TAX DEPT C/O TAX DEPT
ROCHESTER NY 14504-2701 ROCHESTER NY 14604-2701
US 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 16-1447379

Applied For
Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. 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	PD	<input checked="" type="checkbox"/> Delete
NAME	RIEDHAMMER, THOMAS M	
STREET ADDRESS	309 HIDDEN LAKE DR	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MULLEN, JOHN E	
STREET ADDRESS	BURGUNDER STRASSE 2A	
CITY-ST-ZIP	14129 BERLIN GE	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STILES, ROBERT B	
STREET ADDRESS	1010 ALLENS CREEK RD	
CITY-ST-ZIP	ROCHESTER NY 14618	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCLUSKI, STEPHEN C	
STREET ADDRESS	ONE BAUSCH & LOMB PLACE	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	TOMAINO, MARK M	
STREET ADDRESS	ONE BAUSCH & LOMB PLACE	
CITY-ST-ZIP	ROCHESTER NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David F. Jarosz	
STREET ADDRESS	8500 Hidden River Parkway	
CITY-ST-ZIP	Tampa, FL 33637	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean F. Geisel	
STREET ADDRESS	One Bausch & Lomb Place	
CITY-ST-ZIP	Rochester, New York 14604	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas M. Riedhammer	
STREET ADDRESS	8500 Hidden River Parkway	
CITY-ST-ZIP	Tampa, FL 33637	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert B. Stiles	
STREET ADDRESS	One Bausch & Lomb Place	
CITY-ST-ZIP	Rochester, New York 14604	
TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed Mullen	
STREET ADDRESS	1400 N. Goodman Street	
CITY-ST-ZIP	Rochester, New York 14604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Jean F. Geisel

Jean F. Geisel

2/14/00

716-338-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)