

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 02, 2001 8:00 am**
Secretary of State

02-02-2001 90252 007 ****70.00

DOCUMENT # F94000005764

1. Entity Name

GLAUCOMA RESEARCH FOUNDATION, INC.

Principal Place of Business

**200 PINE STREET, STE. 200
SAN FRANCISCO CA 94104-2712**

Mailing Address

**200 PINE STREET, STE. 200
SAN FRANCISCO CA 94104-2712****911440**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-2495035

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

**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	P	<input type="checkbox"/> Delete
NAME	SMITH, CARL E	
STREET ADDRESS	6100 E. PARIS AVE	
CITY-ST-ZIP	CALEDONIA MI 49316	

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Carl E	
STREET ADDRESS	PO Box 1967, CD 3N-02	
CITY-ST-ZIP	Grand Rapids, MI 49501-1967	

TITLE	V	<input type="checkbox"/> Delete
NAME	HETHERINGTON, JOHN	
STREET ADDRESS	490 POST ST., SUITE 640	
CITY-ST-ZIP	SAN FRANCISCO CA	

TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hetherington, John	
STREET ADDRESS	490 Post St Ste 608	
CITY-ST-ZIP	San Francisco, CA 94102	

TITLE	S	<input type="checkbox"/> Delete
NAME	RAFFERTY, MARY ANN	
STREET ADDRESS	3031 RESEARCH DR	
CITY-ST-ZIP	RICHMOND CA 94086	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rafferty, Mary Ann	
STREET ADDRESS	3031 Research Dr	
CITY-ST-ZIP	Richmond, CA 94806	

TITLE	VT	<input type="checkbox"/> Delete
NAME	BROWN, SARAH W	
STREET ADDRESS	TWO EMBARCADERO -STE 160	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Sarah Watt	
STREET ADDRESS	3490 California St Ste 209B	
CITY-ST-ZIP	San Francisco, CA 94118	

TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	STEELE, TARA L	
STREET ADDRESS	200 PINE ST -STE 200	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	

TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cunningham, C. Seth	
STREET ADDRESS	350 E 79th St Apt 38B	
CITY-ST-ZIP	New York, NY 10021	

TITLE	D	<input type="checkbox"/> Delete
NAME	HOSKINS, H. DUNBAR JR.	
STREET ADDRESS	655 BEACH ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94109	

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:

SIGNATURE REQUIRED**Patrick K. Hines****1-8-01****415-986-3162**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)