

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H12686

1. Entity Name

EYE RESEARCH LABORATORY, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90170 002 \*\*\*150.00

Principal Place of Business

1663 TECHNOLOGY AVENUE  
ALACHUA FL 32615

Mailing Address

1663 TECHNOLOGY AVENUE  
ALACHUA FL 32615-9499

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2421345

Applied For

Not Applicable

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

SCHNEIDER, RICHARD T.  
12903 NW 112TH AVE  
ALACHUA FL 32615

Name

Teresa M. Holt

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

851 Lake Kempton Dr.

City

Hawthorne

FL

Zip Code  
32640

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

*Teresa M. Holt*

Teresa M. Holt, Vice President

4-27-00

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	DP	<input type="checkbox"/> Delete
NAME	KEATES, RICHARD H.	
STREET ADDRESS	71 WHITMAN CT	
CITY-ST-ZIP	IRVINE CA	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HOLT, TERESA M	
STREET ADDRESS	851 LAKE KEMPTON RD	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, RICHARD T	
STREET ADDRESS	1290NW 112TH AVE	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, LORE M	
STREET ADDRESS	12903 NW 112TH AVE	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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STREET ADDRESS		
CITY-ST-ZIP		
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:

*Teresa M. Holt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00  
Date

904-462-2666  
Daytime Phone #

CR2E034 (9/99)