

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L58929

1. Entity Name

WEINBERG & PARRISH, O.D., P.A. III

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

02-28-2000 90196 030 ***150.00

Principal Place of Business

HOMOSASSA EYE CLINIC
4564 S. SUNCOAST BLVD
HOMOSASSA FL 34446
US

Mailing Address

C/O FRED L. WEINBERG
11025 SPRING HILL DRIVE
SPRING HILL FL 34608-5049

2. Principal Place of Business

3. Mailing Address

4564 S. Suncoast Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Homosassa, FL

Zip

Country

Zip

Country

34446

U.S.

4. FEI Number

59-2999847

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

WEINBERG, FRED L.
11025 SPRING HILL DRIVE
SPRING HILL FL 34608

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

Annemarie D. Newcomer

2/21/00

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	D	<input type="checkbox"/> Delete
NAME	WEINBERG, FRED L. O.D.	
STREET ADDRESS	11025 SPRING HILL DRIVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARRISH, DAVID E. O.D.	
STREET ADDRESS	11025 SPRING HILL DRIVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEWCOMER, ANNEMARIE O.D.	
STREET ADDRESS	4564 S. SUNCOAST BLVD	
CITY-ST-ZIP	HOMOSASSA FL	
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"/> 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
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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:

Annemarie D. Newcomer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/00 (352) 628-3009

CR2E034 (9/99)