

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L89860

1. Entity Name

BREVARD EYE CARE, P.A.

Principal Place of Business

719 E NEW HAVEN AVE  
MELBOURNE FL 32901  
US

Mailing Address

502 E NEW HAVEN AVE  
MELBOURNE FL 32901-5427  
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

59-3025752

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

FALLACE, JAMES H  
1900 SO HICKORY STREET  
MELBOURNE FL 32901

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 NAME STREET ADDRESS CITY-ST-ZIP	DVP BROUSSARD, WILLIAM J. 502 E NEW HAVEN AVE MELBOURNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALDEN, JOHN 502 E NEW HAVEN AVE MELBOURNE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PAYLOR, RALPH 502 E NEW HAVEN AVE MELBOURNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORCORAN, MIKE 502 E NEW HAVEN AVE MELBOURNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P BROUSSARD, William J. 502 E. NEW HAVEN AVENUE MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T PAYLOR, RALPH R. 502 E. NEW HAVEN AVENUE MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP CORCORAN, MICHAEL F. 502 E. NEW HAVEN AVENUE MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, L. NEAL 502 E. NEW HAVEN AVENUE MELBOURNE, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

WILLIAM J. BROUSSARD

4/27/00

Date

321-951-0357

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90327 001 \*\*\*\*\*8.75

05-06-2000 90327 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE