

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

08-07-2003 90123 007 \*\*\*\*61.25

**DOCUMENT # NO1000003887**

1. Entity Name

**SIGHTING THE WORLD FOUNDATION, INC.**



Principal Place of Business

**23801 MERANO CT. #202  
BONITA SPRINGS FL 34134**

Mailing Address

**23801 MERANO CT. #202  
BONITA SPRINGS FL 34134**

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 **65-1007927**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FIGUEROA, MANNY CPA  
308 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWIFT, KATHLEEN <del>9245 SOUTHWEST 142ND STREET STREET FL 33176</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>23801 MERANO CT. #202 BONITA SPRINGS, FL 34134</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KANET, ROGER PH.D <del>9245 SOUTHWEST 142ND STREET STREET FL 33176</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>23801 MERANO CT. #202 BONITA SPRINGS FL 34134</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

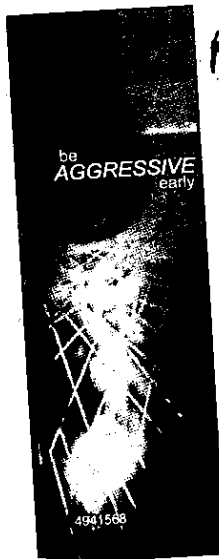
8/5/03

CR2E037 (4/03)

Attachment #

80136988

NO1000003887



PLEASE NOTE:

WE WERE TOLD THAT  
SINCE THIS WAS A  
CHARITY WE WOULD  
NOT BE CHARGED  
THIS FEE.

PLEASE  
ADVISE.

 **LUMIGAN®**  
(bimatoprost ophthalmic solution) 0.03%