

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N15260**

1. Entity Name

SUNCOAST EYE CENTER FOUNDATION, INC.**FILED**
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90029 046 ****61.25

0000346

Principal Place of Business

Mailing Address

% LAWRENCE A. SEIGEL, M.D.
14003 LAKESHORE BLVD.
HUDSON FL 34667% LAWRENCE A. SEIGEL, M.D.
14003 LAKESHORE BLVD.
HUDSON FL 34667

DUU4500J



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

59-2684805

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

SEIGEL, LAWRENCE A.
14003 LAKESHORE BLVD.
HUDSON FL 34667

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 \$61.259. 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
NAME SEIGEL, LAWRENCE A. M.D.
STREET ADDRESS 14003 LAKESHORE BLVD.
CITY-ST-ZIP HUDSON FL ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D
NAME SEIGEL, ARLENE
STREET ADDRESS 14003 LAKESHORE BLVD.
CITY-ST-ZIP HUDSON FL ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D
NAME DAYTON, KENNETH
STREET ADDRESS 210 SARASOTA RD
CITY-ST-ZIP BELLEAIR FL 33756 ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D
NAME SEIGEL, LAWRENCE A.
STREET ADDRESS 14003 LAKESHORE BLVD.
CITY-ST-ZIP HUDSON FL ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S
NAME KAPLAN, DEBORA A
STREET ADDRESS 14003 LAKESHORE BLVD
CITY-ST-ZIP HUDSON FL ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE T
NAME MOWERY, CONNIE L
STREET ADDRESS 14003 LAKESHORE BLVD
CITY-ST-ZIP HUDSON FL ☐ DeleteTITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)