

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0054540

DOCUMENT # N15260

1. Entity Name

SUNCOAST EYE CENTER FOUNDATION, INC.

04-01-2002 90645 002 ****61.25

Principal Place of Business

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

Mailing Address

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

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

59-2684805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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.

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **SEIGEL, LAWRENCE A. M.D.**
 STREET ADDRESS **14003 LAKESHORE BLVD.**
 CITY-ST-ZIP **HUDSON FL**

TITLE **D** ☐ Delete
 NAME **SEIGEL, ARLENE**
 STREET ADDRESS **14003 LAKESHORE BLVD.**
 CITY-ST-ZIP **HUDSON FL**

TITLE **D** ☐ Delete
 NAME **DAYTON, KENNETH**
 STREET ADDRESS **210 SARASOTA RD**
 CITY-ST-ZIP **BELLEAIR FL 33756**

TITLE **D** ☐ Delete
 NAME **SEIGEL, LAWRENCE A.**
 STREET ADDRESS **14003 LAKESHORE BLVD.**
 CITY-ST-ZIP **HUDSON FL**

TITLE **S** ☐ Delete
 NAME **KAPLAN, DEBORA A**
 STREET ADDRESS **14003 LAKESHORE BLVD**
 CITY-ST-ZIP **HUDSON FL**

TITLE **T** ☐ Delete
 NAME **MOWERY, CONNIE L**
 STREET ADDRESS **14003 LAKESHORE BLVD**
 CITY-ST-ZIP **HUDSON FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

Date

(727) 868-4442

Daytime Phone #

CR2E037 (9/01)