

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91236 042 ****70.00

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DOCUMENT # N22068

1. Entity Name

TAMPA OPHTHALMIC PERSONNEL SOCIETY, INC.

Principal Place of Business

Mailing Address

% LISA RODGERS
 707 STILLVIEW CIRCLE
 BRANDON FL 33510-2146

% LISA RODGERS
 707 STILLVIEW CIRCLE
 BRANDON FL 33510-2146

658209



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

ROGER MCQUOWN
 Suite, Apt. #, etc.
4635 KINGS POINT CT.
 City & State
LAKE LAND, FL

ROGER MCQUOWN
 Suite, Apt. #, etc.
4635 KINGS POINT CT.
 City & State
LAKE LAND, FL

4. FEI Number

59-2855991

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

MCQUOWN, ROGER
4635 KINGS POINT CT
LAKE LAND FL 33813

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 **ROGER MCQUOWN**
TOPS VICE PRES.

5/15/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DPT	<input type="checkbox"/> Delete
NAME	BAUER, MAUREEN	
STREET ADDRESS	1735 NORTHVIEW RD	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MCQUOWN, ROGER	
STREET ADDRESS	4635 KINGS POINT COURT	
CITY-ST-ZIP	LAKE LAND FL 33813	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DAVID, RANDY	
STREET ADDRESS	1500 W BAY DR #201	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DANIEL, KATHRYN	
STREET ADDRESS	4505 BAY TO BAY BLVD	
CITY-ST-ZIP	TAMPA FL 33629	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKIE BASSFORD	
STREET ADDRESS	111 BUCKHORN RUN	
CITY-ST-ZIP	LAKE LAND, FL 33809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: **ROGER MCQUOWN**
TOPS VICE PRES. **5/15/01** **(863)647-5932**

CR2E037 (10/00)