

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90078 040 ****80.00

DOCUMENT # N22068

1. Entity Name

TAMPA OPHTHALMIC PERSONNEL SOCIETY, INC.

Principal Place of Business

Mailing Address

ROGER MCQUOWN
 4635 KINGS POINT
 LAKELAND FL 33813

ROGER MCQUOWN
 4635 KINGS POINT
 LAKELAND FL 33813

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

59-2855991

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
 LAKELAND 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

Roger McQuown

4-11-02

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
 NAME BAUER, MAUREEN
 STREET ADDRESS 1735 NORTHVIEW RD
 CITY-ST-ZIP LARGO FL 33770 ☒ Delete

TITLE ☒ DPT
 NAME Kevin McGee
 STREET ADDRESS 2824 Countryside Blvd. #315
 CITY-ST-ZIP Clearwater, FL 33761 ☒ Change ☐ Addition

TITLE ☐ DVP
 NAME MCQUOWN, ROGER
 STREET ADDRESS 4635 KINGS POINT COURT
 CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

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

TITLE ☐ DS
 NAME BASSFORD, VICKIE
 STREET ADDRESS 111 BUCKHORN RUN
 CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

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

TITLE ☒ DT
 NAME DANIEL, KATHRYN
 STREET ADDRESS 4505 BAY TO BAY BLVD
 CITY-ST-ZIP TAMPA FL 33629 ☒ Delete

TITLE ☒ DT
 NAME Elaine Williams
 STREET ADDRESS 6177 Sun Blvd. #502
 CITY-ST-ZIP St. Petersburg, FL 33715 ☒ Change ☐ Addition

TITLE ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

Vickie Bassford **SIGNATURE REQUIRED** *Vickie Bassford* *4-11-02* *680-7317*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)