

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51359

1. Entity Name

AUDUBON OFFICE PARK ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90212 034 ****61.25

Principal Place of Business

Mailing Address

240 N. LECANTO HWY.
LECANTO FL 32661

240 N. LECANTO HWY.
LECANTO FL 34461-9191

2. Principal Place of Business

3. Mailing Address

West Coast Eye Institute

240 N. Lecanto Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

AS above

AS Above

Zip

Country

Zip

Country

4. FEI Number

59-3150044

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

ROWDA, JOHN
240 N. LECANTO HWY.
LECANTO FL 32661

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS ROWDA, JOHN
CITY-ST-ZIP 240 N. LECANTO HWY.
LECANTO FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ROWDA, CAROL
CITY-ST-ZIP 240 N. LECANTO HWY.
LECANTO FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS STILLWELL, CLARK
CITY-ST-ZIP 320 HWY 415
INVERNESS FL 34450

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Rowda, D.O. 2-21-00 352 746-2246

Date

Daytime Phone #

CR2E037 (9/99)