

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 05, 2000 8:00 am
Secretary of State

05-22-2000 90014 036 ****70.00

DOCUMENT # N99000006551

1. Entity Name

ROWAN EYE CARE FOUNDATION, INC.

R

Principal Place of Business

625 COURT STREET
 CLEARWATER FL 33756

Mailing Address

625 COURT STREET
 CLEARWATER FL 33756-5505

2. Principal Place of Business

625 Court St.
 Suite, Apt. #, etc.

3. Mailing Address

625 Court St.
 Suite, Apt. #, etc.

City & State

Clearwater Fla.

City & State

Clearwater, FL

Zip

33756-5505

Country

Penellas

Zip

33756-5505

Country

Penellas

4. FEI Number

59-3608671

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

MARQUARDT, EMIL C JR.
 625 COURT STREET
 CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

Patricia Rowan - Chairman

Street Address (P.O. Box Number is Not Acceptable)

956 Eldorado Ave, Clearwater Beach FL

City

Clearwater Beach, FL

Zip Code

33767

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

Patricia Rowan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 20, 2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

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**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Carey Rowan M.D. 99 Murdock Road 21212 Baltimore, Maryland	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Rowan, Pamela 99 Murdock Road Baltimore 21212	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Courtney Rowan 956 Eldorado Ave 33767 Clearwater Beach, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Terra Rowan 956 Eldorado Ave 33767 Clearwater Beach, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Patricia Rowan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2000

Date

Daytime Phone #

727-443-1321

CR2E037 (9/99)