

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34937

1. Entity Name  
LASERSIGHT INCORPORATED

**FILED**  
**Aug 29, 2000 8:00 am**  
**Secretary of State**

08-29-2000 90008 001 \*2,235.00

Principal Place of Business

3300 UNIVERSITY BLVD.  
SUITE 140  
WINTER PARK FL 32792  
US

Mailing Address

3300 UNIVERSITY BLVD.  
SUITE 140  
WINTER PARK FL 32792  
US

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 65-0273162

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME FARRIS, MICHAEL R  
STREET ADDRESS 3300 UNIVERSITY BLVD., STE. 140  
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE COOD  
NAME Litcher, D. Michael  
STREET ADDRESS 3300 university Blvd Ste 140  
CITY-ST-ZIP Winter Park, FL 32792 ☐ Change ☒ Addition

TITLE COOD  
NAME CROWLEY, RICHARD J  
STREET ADDRESS 3300 UNIVERSITY BLVD., STE. 140  
CITY-ST-ZIP WINTER PARK FL 32792 ☒ Delete

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

TITLE CFO  
NAME WILSON, GREGORY L  
STREET ADDRESS 3300 UNIVERSITY BLVD., STE. 140  
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

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

TITLE VP  
NAME DAYTON, MICHAEL  
STREET ADDRESS 3300 UNIVERSITY BLVD., STE. 140  
CITY-ST-ZIP WINTER PARK FL 32792 ☒ Delete

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

TITLE AS  
NAME BARNES, BILLIE  
STREET ADDRESS 3300 UNIVERSITY BLVD., STE. 140  
CITY-ST-ZIP WINTER PARK FL 32792 ☐ 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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gregory L. Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory L. Wilson 8/24/00

Date

4076789900

Daytime Phone #

CR2E034 (5/00)