

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000074283

1. Entity Name

VITREORETINAL ASSOCIATES EQUIPMENT CORPORATION

Principal Place of Business

720 SW 2ND AVE  
SUITE 306  
GAINESVILLE FL 32601

Mailing Address

720 SW 2ND AVE  
SUITE 306  
GAINESVILLE FL 32601-1212

2. Principal Place of Business

3. Mailing Address

4340 Newberry Rd

4340 Newberry Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202

Suite 202

City & State

City & State

Gainesville, FL

Gainesville FL

Zip

32607

Country

USA

Zip

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSEMAN, ROBERT  
720 SW 2ND AVE  
SUITE 306  
GAINESVILLE FL 32601

Name Roseman, Robert

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

4340 Newberry Rd

Suite 202

City

Gainesville

FL

Zip Code

32607

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	D	<input type="checkbox"/> Delete
NAME	ROSEMAN, ROBERT	
STREET ADDRESS	720 SW 2ND AVE SUITE 306	
CITY-ST-ZIP	GAINESVILLE FL 32601	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roseman, Robert	
STREET ADDRESS	4340 Newberry Rd, Suite 202	
CITY-ST-ZIP	Gainesville, FL 32607	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

Date

352  
371-2800

Daytime Phone #

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90061 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3200639 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (9/99)