

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000004785

1. Entity Name

ST. JOHNS EYE CARE, PROFESSIONAL ASSOCIATION

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90022 011 \*\*\*550.00

Principal Place of Business

2504 CRILL AVENUE  
PALATKA FL 32177

Mailing Address

2504 CRILL AVENUE  
PALATKA FL 32177

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

59-3231099

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

DEPUTY, GERALD R O.D.  
440 LAKE ASBURY DRIVE  
GREEN COVE SPRINGS FL 32043

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

*John Lennon*  
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 DPT ☐ Delete  
NAME DEPUTY, GERALD R O.D.  
STREET ADDRESS 440 LAKE ASBURY DRIVE  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE DVS ☐ Delete  
NAME LENNON, JOHN JR.  
STREET ADDRESS 704 SEABROOK COVE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Sharon Lennon ☐ Change ☒ Addition  
NAME Treasurer  
STREET ADDRESS 704 Seabrook Cove Rd  
CITY-ST-ZIP Jacksonville, FL 32211

TITLE ☒ Change ☒ Addition  
NAME Kimberly Deputy  
STREET ADDRESS 440 Lake Asbury Drive  
CITY-ST-ZIP Green Cove Springs FL 32043

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

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

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

TITLE ☐ Change ☐ 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: *John Lennon* **FOODJURED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00

904-328-5141  
Daytime Phone #

CR2E034 (5/00)