

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am  
Secretary of State

03-01-2001 90040 043 \*\*\*150.00

DOCUMENT # P94000004785

1. Entity Name  
ST. JOHNS EYE CARE, PROFESSIONAL ASSOCIATION

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

4. FEI Number 59-3231099

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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, 2001 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 DPT  
NAME DEPUTY, GERALD R O.D.  
STREET ADDRESS 440 LAKE ASBURY DRIVE  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
7849 St. Rd. 21  
Keystone Heights, FL 32656

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

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

TITLE  
NAME LENNON, SHARON  
STREET ADDRESS 704 SEABROOK COVE RD  
CITY-ST-ZIP JACKSONVILLE FL 32211 ☒ Delete

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

TITLE S  
NAME DEPUTY, KIMBERLY  
STREET ADDRESS 440 LAKE ASBURY DRIVE  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
7849 St. Rd. 21  
Keystone Heights, FL 32656

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)