

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008096

1. Entity Name

ALOMA EYE ASSOCIATES, P.A.

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90371 010 \*\*\*158.75

Principal Place of Business

7201 ALOMA AVENUE  
WINTER PARK FL 32789

Mailing Address

7201 ALOMA AVENUE  
WINTER PARK FL 32789

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

59-3429729

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

Name

Amy Ward, O.D.

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

7201 Aloma Ave.

City

Winter Park

FL

Zip Code

32782

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

*Amy Ward*

Amy Ward, O.D. OPTOMETRIST

4-21-01

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 D ☒ Delete  
NAME SMITH, KIRK  
STREET ADDRESS 7201 ALOMA AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ Change ☒ Addition  
NAME Amy Ward  
STREET ADDRESS 7201 ALOMA AVE  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE D ☒ Delete  
NAME PODSCHUN, JAMES  
STREET ADDRESS 7201 ALOMA AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☒ Addition  
NAME J THOMAS WARD  
STREET ADDRESS 7201 ALOMA AVE  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

*Amy Ward*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amy Ward, O.D.

4/21/01

407 6713100

Date

Daytime Phone #

CR2E034 (10/00)