

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

0501963 AV

DOCUMENT # P97000082522

1. Entity Name
GULFCOAST EYE PHYSICIANS, INC.

02-08-2002 90016 018 ***150.00

Principal Place of Business
1435 IMMOKALEE ROAD
NAPLES FL 34110

Mailing Address
1435 IMMOKALEE ROAD
NAPLES FL 34110



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0800902**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

B & G CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD., SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **TERRY VANDERHEYDEN, O.D.**

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

4060 N. TAMiami TRAIL SUITE 4

City **NAPLES**

FL

Zip Code **34103**

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 *Terry R. Vanderheyden* **TERRY R. VANDERHEYDEN, O.D.** **1-25-2002**
 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, 2002 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

TITLE ☐ Delete
 NAME **D ZIMM, JEFFREY L M.D.**
 STREET ADDRESS **1435 IMMOKALEE ROAD**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Delete
 NAME **D EADS, BONNIE**
 STREET ADDRESS **60 10TH ST N**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
 NAME **D ZELLERS, JUDITH A**
 STREET ADDRESS **3925 BONITA SPRINGS RD SW**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete
 NAME **D VANDERHEYDEN, TERRY**
 STREET ADDRESS **4060 N TAMiami TRL**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: *Terry R. Vanderheyden* **TERRY R. VANDERHEYDEN** **1-25-2002** **(941) 261-5945**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)