

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086896

1. Entity Name

DR. G. WILLIAM DOOLIN, JR., OPTOMETRIST, P.A.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90236 018 ***150.00

Principal Place of Business

Mailing Address

417 A RACETRACK RD NW
FORT WALTON BEACH FL 32547

417 A RACETRACK RD NW
FORT WALTON BEACH FL 32547-4612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3537436**

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

DOOLIN, G. WILLIAM
135 LOIZOS DRIVE
FT. WALTON BEACH FL 32548

Name **G. William Doolin, Jr.**

Street Address (P.O. Box Number is Not Acceptable) **135 LOIZOS Dr.**

City **Ft. WALTON BEACH** FL Zip Code **32548**

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

G. William Doolin, Jr.

1/7/2000

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	DR.	<input type="checkbox"/> Delete
NAME	DOOLIN, G. WILLIAM JR	
STREET ADDRESS	135 LOIZOS DRIVE	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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

1/7/2000 (850) 315-8861

Date

Daytime Phone #

CR2E034 (9/99)