

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033238

1. Entity Name

DELAND OPTICAL FAMILY EYE CARE, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90072 033 ***150.00

Principal Place of Business

104 E. INDIANA AVE.
DELAND FL 32724

Mailing Address

104 E. INDIANA AVE.
DELAND FL 32724-4330

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3566551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, MARY
879 N. VOLUSIA AVE. STE. B
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

Name

Pamela Bowman

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

104 E. Indiana Avenue


City

Deland FL

FL

Zip Code
32724

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.

Pamela Bowman

(NOTE: Registered Agent signature required when reinstating)

3-24-00

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

TITLE D ☐ Delete
NAME BOWMAN, PAMELA
STREET ADDRESS 2630 E. DORCHESTER DRIVE
CITY-ST-ZIP DELTONA FL 32738

TITLE Robin Pugh ☐ Delete
NAME
STREET ADDRESS 3310 Red Fox Drive
CITY-ST-ZIP Deltona FL 32725

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D, P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D, VP, S, T ☐ 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

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 734-9634

CR2E034 (9/99)