

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095614

1. Entity Name

OPHTHALMIC GROUP WORLDWIDE, INC.

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90070 050 \*\*\*150.00

Principal Place of Business

Mailing Address

11221 OUTLET DR., STE. 7  
KNOXVILLE TN 37932

11221 OUTLET DR., STE. 7  
KNOXVILLE TN 37932-3144

2. Principal Place of Business

3. Mailing Address

11221 Outlet Dr.

11221 Outlet Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 7

Suite 7

City & State

City & State

Knoxville TN

Knoxville TN

Zip

Country

37932

USA

37932-3144

USA

4. FEI Number

Applied For

58-2503783

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

MORRISON, WILLIAM J  
3125 TYRONE BLVD.  
ST. PETERSBURG FL 33710

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	P, T, D
STREET ADDRESS		STREET ADDRESS	Brian C. Linkous
CITY-ST-ZIP		CITY-ST-ZIP	11221 Outlet Dr, Suite 7 Knoxville, TN 37932
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	V, P, D
STREET ADDRESS		STREET ADDRESS	Mark R. Mixner
CITY-ST-ZIP		CITY-ST-ZIP	11221 Outlet Dr, Suite 7 Knoxville, TN 37932
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	S, D
STREET ADDRESS		STREET ADDRESS	David B. Mixner
CITY-ST-ZIP		CITY-ST-ZIP	3125 Tyrone Blvd. St. Petersburg, FL 33710
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

Secretary

03/09/00

Date

(727) 343-5503

Daytime Phone #

CR2E034 (9/99)