

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90106 032 ***158.75

DOCUMENT # P99000103550

1. Entity Name SPALDING EYECARE, PA

Principal Place of Business 3333 UNIVERSITY BLVD.
WINTER PARK, FL 32792

Mailing Address 1709 PALM BEACH DR.
AROPA, FL 32712

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-361-1026

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

Applied For
☐ Not Applicable

6. Name and Address of Current Registered Agent

CHARLES HARRISON
1400 W. FAIRBANKS AVE
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name JOHN M. SPALDING, D, PRESIDENT

Street Address (P.O. Box Number is Not Acceptable) 1709 PALM BEACH DRIVE

City AROPA, FL **FL** Zip Code 32712

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 John M. Spalding, D, PRESIDENT **DATE** 5/8/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>JOHN M. SPALDING, D</u> <u>1709 PALM BEACH DRIVE</u> <u>AROPA, FL 32712</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: John M. Spalding, D, PRES **DATE** 5/8/00 **Daytime Phone #** 407-886-1783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)