

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S25135

1. Entity Name

CENTER FOR SIGHT OF NORTHWEST FLORIDA, P.A.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90249 034 \*\*\*150.00

Principal Place of Business	Mailing Address
6190 N DAVIS HWY PENSACOLA FL 32504 US	6190 N DAVIS HWY PENSACOLA FL 32504-6969 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3037958	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEUCHTMAN, GARY B. 3 WEST GARDEN STREET 600 BLOUNT BUILDING PENSACOLA FL 32501	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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIFI, AREF	NAME	6190 N. Davis Hwy
STREET ADDRESS	6160 N. DAVIS HWY	STREET ADDRESS	6190 N. Davis Hwy
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP	6190 N. Davis Hwy
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBAY, EDWARD J.	NAME	6190 N. Davis Hwy
STREET ADDRESS	6160 NORTH DAVIS HIGHWAY	STREET ADDRESS	6190 N. Davis Hwy
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP	6190 N. Davis Hwy
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARBOUR, ROBERT C.	NAME	6190 N. Davis Hwy
STREET ADDRESS	6160 NORTH DAVIS HIGHWAY	STREET ADDRESS	6190 N. Davis Hwy
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP	6190 N. Davis Hwy
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKNIGHT, TIPTON G	NAME	6190 N. Davis Hwy
STREET ADDRESS	6160 N DAVIS HIGHWAY	STREET ADDRESS	6190 N. Davis Hwy
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP	6190 N. Davis Hwy
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

Date

Daytime Phone #