# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 12, 2000 8:00 am**
**Secretary of State**
05-12-2000 90079 042 ****61.25

DOCUMENT # 719162

1. Entity Name

FLORIDA NEUROSURGICAL SOCIETY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| DEPT OF NEUROSURGERY/ UNIV OF FLORIDA<br>BOX 100265 JHMHC<br>GAINESVILLE FL 32610<br>US | DEPT OF NEUROSURGERY/ UNIV OF FLORIDA<br>BOX 100265 JHMHC<br>GAINESVILLE FL 32610-0265<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| DIV. OF NEUROSURGERY / MEMORIAL HEALTHCARE | SAME |
| Suite, Apt. #, etc.: 1150 N 35TH AVENUE # 300 | Suite, Apt. #, etc.: 1150 N 35TH AVE # 300 |
| City & State: HOLLY WOOD, FL | City & State: HOLLYWOOD, FL |
| Zip: 33021 Country: USA | Zip: 33021 Country: USA |

4. FEI Number: 59-3014884 ☐ 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 |
|---|---|
| TALLY, PHILIP W<br>5949 17TH AVE WEST<br>BRADENTON FL 34209 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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: TALLY, PHILIP PRESIDENT ELECT ~~WITKIND, BRUCE TREASURER~~ 4/27/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>FESSLER, RICHARD G<br>BOX 100265 UNIV. OF FLORIDA<br>GAINSVILLE FL 32610 | ☑ Delete | P<br>CARTER, RICHARD L<br>1150 N 35TH # 300<br>HOLLYWOOD, FL 33021 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PE<br>STRINGER, DOUGLAS L.<br>2011 NORTH HARRISON AVE.<br>PANAMA CITY FL | ☑ Delete | P.E TALLY, PHILIP W<br>5949 17TH AVE WEST<br>BRADENTON, FL 34209 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>STRINGER, DOUGLAS<br>2011 N HARRISON AVE<br>PANAMA CITY FL | ☐ Delete | D | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>TIPPETT, TROY M<br>1717 N "E" STREET, SUITE 409<br>PENSACOLA FL 32501 | ☐ Delete | D | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>CARTER, RICHARD L.<br>1150 NORTH 35TH AVE., STE. 300<br>HOLLYWOOD FL | ☑ Delete | S<br>JACOB, R. PATRICK<br>BOX 100265 UNIV OF FLORIDA<br>GAINESVILLE, FL 32610 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>TALLY, PHILIP W<br>5949 17TH AVE WEST<br>BRADENTON FL 34209 | ☑ Delete | T<br>WITKIND, BRUCE<br>151 MARYESTHER BLVD #203A<br>MARYESTHER, FL 32569 | ☐ Change ☑ Addition |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE RICHARD L CARTER JR RICHARD L CARTER 1/31/00 954-935-1490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR - 1037 (9/99)