

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726327

1. Entity Name

EPILEPSY SERVICES FOUNDATION, INC.

Principal Place of Business

4618 N. ARMENIA AVE.  
TAMPA FL 33603  
US

Mailing Address

4618 N. ARMENIA AVE.  
TAMPA FL 33603  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1680892

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

KING, PETER ESC  
501 E KENNEDY BLVD  
#1700  
TAMPA FL 33602

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

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KIPP, ROBERT<br>3910 US 301 W, STE 255<br>TAMPA FL 33619       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>PATTERSON, PAM<br>12056 ANDERSON RD, C-303<br>TAMPA FL 33625  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>ARMINGTON, HEATHER<br>14526 NETTLE CREEK RD<br>TAMPA FL 33624 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JAY LAYMAN<br>18936 ST LAURENT DR<br>LUTZ FL 33549             | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MADDEN, VINCENT<br>12407 PATHWAY CT<br>RIVERVIEW FL 33569      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>KING, PETER<br>501 E KENNEDY BLVD 1700<br>TAMPA FL 33602     | <input type="checkbox"/> Delete            |

|                                                |                                                                   |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Allen, Jim<br>#1 Tampa City Center #1900<br>Tampa, FL 33602       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Patterson, Pam<br>12056 Anderson Rd C-303<br>Tampa, FL 33625 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Levine, Diane<br>2140 W Busch Blvd<br>Tampa, FL 33612             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>Griery, Margaret<br>516 W Osborne Ave<br>Tampa, FL 33603   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>King, Peter<br>501 E Kennedy Blvd #1700<br>Tampa, FL 33602  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Peter King*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90311 029 \*\*\*\*70.00

708222



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)