

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726327

1. Entity Name

EPILEPSY SERVICES FOUNDATION, INC.

FILED  
Mar 13, 2002 8:00 am  
Secretary of State

03-13-2002 90110 002 \*\*\*\*70.00

Principal Place of Business

Mailing Address

4618 N. ARMENIA AVE.  
TAMPA FL 33603  
US

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



DO NOT WRITE IN THIS SPACE

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 D ☐ Delete  
NAME ALLEN, JIM  
STREET ADDRESS #1 TAMPA CITY CENTER #1900  
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PATTERSON, PAM  
STREET ADDRESS 12056 ANDERSON RD, C-303  
CITY-ST-ZIP TAMPA FL 33625

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME ARMINGTON, HEATHER  
STREET ADDRESS 14526 NETTLE CREEK RD  
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME LEVINE, DIANE  
STREET ADDRESS 2140 W. BUSCH BLVD.  
CITY-ST-ZIP TAMPA FL 33612

TITLE D ☐ Change ☒ Addition  
NAME LINDA NORMAN  
STREET ADDRESS 6465 NIKKI LN.  
CITY-ST-ZIP TAMPA, FL. 33625

TITLE VPD ☒ Delete  
NAME GIER, MARGARET  
STREET ADDRESS 516 W OSBORNE AVE  
CITY-ST-ZIP TAMPA FL 33603

TITLE VPD ☐ Change ☒ Addition  
NAME ADRIENNE GARCIA  
STREET ADDRESS 1507 1/2 S. BAY VILLA PL  
CITY-ST-ZIP TAMPA, FL. 33629

TITLE PD ☐ Delete  
NAME KING, PETER  
STREET ADDRESS 501 E KENNEDY BLVD. #1700  
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 B. King*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02  
Date

Daytime Phone #

CR2E037 (9/01)