

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710174

1. Entity Name

THE EPILEPSY ASSOCIATION OF CENTRAL FLORIDA, INC

Principal Place of Business

22 W. LAKE BEAUTY DR., STE. 314-A  
ORLANDO FL 32806

Mailing Address

22 W. LAKE BEAUTY DR., STE. 314-A  
ORLANDO FL 32806-2040

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

23-7247844

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

CARMEN, CHARLES F  
22 W LAKE BEAUTY DR STE 314  
ORLANDO FL 32806

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 P ☐ Delete  
NAME ORNSTEIN, MARK  
STREET ADDRESS 940 HIGHLAND AVE  
CITY-ST-ZIP ORLANDO FL 32803

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

TITLE D ☐ Delete  
NAME RUFENER, CHERI  
STREET ADDRESS 947 VINERIDGE RUN  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

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

TITLE ~~D~~ ☒ Delete  
NAME ~~OSBORN, SANDRA~~  
STREET ADDRESS ~~118 NORTHMOOR ROAD~~  
CITY-ST-ZIP ~~CASSELBERRY FL 32707~~

TITLE ~~D~~ ☐ Change ☒ Addition  
NAME ~~JOHN STONY~~  
STREET ADDRESS ~~WKM 4466~~  
CITY-ST-ZIP ~~Orlando, FL 32804~~

TITLE D ☐ Delete  
NAME WILLIAMS, JOHN  
STREET ADDRESS 2900 W FIRST ST  
CITY-ST-ZIP SANFORD FL 32771

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

TITLE T ☐ Delete  
NAME D'ANGELO, TONI  
STREET ADDRESS 305 LAKEPOINTE DR 304  
CITY-ST-ZIP ALTAMONTE SPGS FL 32701

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

TITLE D ☐ Delete  
NAME MAY, WILLIE  
STREET ADDRESS 627 PLUMWOOD DR.  
CITY-ST-ZIP ALTAMONTE SPRING FL

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: *Charles F. Carmen* 1-13-00 407-422-1416

FILED

Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90205 044 \*\*\*\*70.00

604757



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)