

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90029 038 *****70.00

DOCUMENT # 721887

1. Entity Name

EPILEPSY FOUNDATION OF SOUTH FLORIDA, INC.



Principal Place of Business

**7300 N. KENDALL DRIVE. #700
MIAMI FL 33156**

Mailing Address

**7300 N. KENDALL DRIVE. #700
MIAMI FL 33156**

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 **59-2164525**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KTG&S REGISTERED AGENT CORPORATION
100 SE 2ND FLOOR
28TH FLOOR
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

LEWENICK, JEFFREY

Street Address (P.O. Box Number is Not Acceptable)

7300 N. KENDALL DR. #700

City

Miami

FL

Zip Code

33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-22-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **BUCHSBAUM, KAREN**
STREET ADDRESS **2701 PONCE DE LEON BLVD, #300**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **TD** ☐ Delete
NAME **DEGINA, ANTHONY JR**
STREET ADDRESS **401 NW 42 AVENUE**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **VPDD** ☒ Delete
NAME **PEIG, STEVEN**
STREET ADDRESS **545 W 18TH ST**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **SD** ☒ Delete
NAME **WATKINS, NANCY**
STREET ADDRESS **3575 POINCIANA AVENUE**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **DEGINA, JR. ANTHONY**
STREET ADDRESS **401 NW 42 AVE.**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **PRESIDENT - ELECT** ☐ Change ☒ Addition
NAME **ROBINSON, Melinda**
STREET ADDRESS **11283 LAKESHORE PLACE**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **V.P. : TREASURER** ☐ Change ☒ Addition
NAME **DEAN, PATRICIA**
STREET ADDRESS **3100 S.W. 62 AVE.**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **V.P. : SECRETARY** ☐ Change ☒ Addition
NAME **BUENTAS, BOB**
STREET ADDRESS **4221 Sable Ridge Circle**
CITY-ST-ZIP **WESTON FL 33331**

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

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:

REQUIRED

1-22-03

205.670.4949

CR2E037 (10/02)