

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723676

1. Entity Name

EPILEPSY FOUNDATION OF EASTERN FLORIDA, INC.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90127 022 \*\*\*\*70.00

Principal Place of Business

5730 CORPORATE WAY  
SUITE 220  
W. PALM BEACH FL 33407  
US

Mailing Address

5730 CORPORATE WAY  
SUITE 220  
W. PALM BEACH FL 33407-2032  
US

80020929



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1524994

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RADD, ALEXA W  
5730 CORPORATE WAY  
STE 220  
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

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

*Alexa Radd* Executive Director 2/8/00  
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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEVINE, CAROL ANN	
STREET ADDRESS	473 WOODSIDE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, WALTER M.D.	
STREET ADDRESS	5205 GREENWOOD AVE. SUITE 200	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOONEY, ROBERT	
STREET ADDRESS	11473 RIVERWOOD PLACE	
CITY-ST-ZIP	NORTH PLAM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, THOMAS	
STREET ADDRESS	2000 PALM BCH LAKES BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, MELINDA	
STREET ADDRESS	11883 LAKESHORE PL	
CITY-ST-ZIP	NOTH PALM BCH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, RONALD	
STREET ADDRESS	7020 HALF MOON CIR. #302	
CITY-ST-ZIP	HYPOLUXO FL 33462	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Devine, Joyce J.	
STREET ADDRESS	2400 Giralda Circle E. #201	
CITY-ST-ZIP	Palm Beach Gardens, FL 33460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Joyce J. Devine* 561 478-6515  
2-10-00  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)