

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90024 019 *****70.00

DOCUMENT # 723676

1. Entity Name

EPILEPSY FOUNDATION OF EASTERN FLORIDA, INC.

Principal Place of Business

Mailing Address

~~5730 CORPORATE WAY SUITE 220~~ **3233 Commerce Place Suite C**
W. PALM BEACH FL 33407
US

2. Principal Place of Business

3. Mailing Address

3233 Commerce Place
Suite, Apt. #, etc. **C**

Same

City & State

City & State

West Palm Beach, FL

4. FEI Number

59-1524994

Applied For

Not Applicable

Zip

Country

Zip

Country

33407 Palm Beach

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

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

Name

Lawrence Suran

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

3233 Commerce Place, Suite C

City

West Palm Beach

FL

Zip Code

33407-1959

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

Larry Suran

3/21/01

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	<input checked="" 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 checked="" type="checkbox"/> Delete
NAME	MOONEY, ROBERT	
STREET ADDRESS	11473 RIVERWOOD PLACE	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, MELINDA	
STREET ADDRESS	11883 LAKESHORE PL	
CITY-ST-ZIP	NOTH PALM BCH FL 33408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, RONALD	
STREET ADDRESS	7020 HALF MOON CIR. #302	
CITY-ST-ZIP	HYPOLUXO FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Coral Gables, 33134	
STREET ADDRESS	Karen A. Buchbaum	
CITY-ST-ZIP	2701 Ponce de Leon Blvd., Suite 300	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Feig	
STREET ADDRESS	545 W. 18 Street	
CITY-ST-ZIP	Hialeah, FL 33010	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony M. Degina, Jr.	
STREET ADDRESS	401 NW 42nd Avenue	
CITY-ST-ZIP	Plantation, FL 33317	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy K. Watkin, Esq.	
STREET ADDRESS	3575 Poinciana Avenue	
CITY-ST-ZIP	Coconut Grove, FL 33133	
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: X SIGNATURE REQUIRED Larry Suran 3/21/01 561 498-6515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)