

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727967

1. Entity Name

EPILEPSY SOCIETY OF NORTHWEST FLORIDA, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90211 018 ****70.00

00000383



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
8 N. COYLE STREET 8 N. COYLE STREET
PENSACOLA FL 32501 PENSACOLA FL 32501-4716

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 23-7377993 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

RAMMINGER, JAMES
1734 ENSENADA UNO
PENSACOLA BEACH FL 32561

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	SD	<input type="checkbox"/> Delete
NAME	YAX, LAWRENCE D. DR	
STREET ADDRESS	1000 COLLEGE BLVD.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, J.D.	
STREET ADDRESS	30 S SPRING STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUTCHESON, JOHN	
STREET ADDRESS	8383 N DAVIS HWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANZ, DOUG	
STREET ADDRESS	4700 BAYOU BLVD #1	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POWELL, DIANE	
STREET ADDRESS	500 BAYFRONT PARKWAY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAGEROTT, KAREN	
STREET ADDRESS	600 E GOVERNMENT ST	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	O	<input checked="" 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	T/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/O	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES ROBINSON	
STREET ADDRESS	P.O. Box 510	
CITY-ST-ZIP	PENSACOLA, FL 32501	

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 W. Robinson* CHARLES ROBINSON 1/13/2000 850-433-1395

CR2E037 (9/99)