2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727967

FILED Jan 22, 2001 8:00 am Secretary of State

EPILEPSY SOCIETY OF NORTHWEST FLORIDA, INC.						01-22-2001 90112 001 ****61.25			
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Principal Place of Business			Mailing Address						
8 N. COYLE STREET PENSACOLA FL 32501		8 N. COYLE STREET PENSACOLA FL 32501		Į					
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2. Principal Place of Business		ess	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State			City & State		4. FEI Numi	22-7277002		pplied For ot Applicable	
Zip Country		Zip	Country	5. Certificat	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			Registered Agent		7. Name an	d Address of New Registered Ag	gent		
- San	200	The second secon	and the second second	Name		The second secon	1 244	5-20mm 5.2 57	
RAMMINGER, JAMES 1734 ENSENADA UNO			Street A	Street Address (P.O. Box Number is Not Acceptable)					
PENSACOLA BEACH FL 32561									
				City		FL	Zip Cod	ie	
8. The above	named entity	submits this statement for	r the purpose of changing its	registered office of	r registered agent, or b	oth, in the state of Florida.			
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable (NOT	F: Registered Agent signs	ture required when reinstating)	-DATE			
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(FILE (· - /	9. Election Campaigr Trust Fund Contrib	· ~	\$5.00 May Be Added to Fees	Make Check Pa Department of		,	
10		· - /	Trust Fund Contrib	· ~	Added to Fees		of State		
TITLE	FEE IS	\$61.25	Trust Fund Contrib	11.	Added to Fees	Department of HANGES TO OFFICERS AND DIRECTOR	of State		
TITLE NAME	FEE IS VD YAX, LAW	\$61.25 OFFICERS AND DIF	Trust Fund Contrib	11. TITLE NAME	Added to Fees	Department of HANGES TO OFFICERS AND DIRECTOR	of State	N 10	
TITLE	VD YAX, LAW 1000 COL	\$61.25 OFFICERS AND DIF RENCE D. DR LEGE BLVD.	Trust Fund Contrib	11.	Added to Fees	Department of HANGES TO OFFICERS AND DIRECTOR	of State	N 10	
TITLE NAME STREET ADDRESS	FEE IS VD YAX, LAW	\$61.25 OFFICERS AND DIF RENCE D. DR LEGE BLVD.	Trust Fund Contrib	TITLE NAME STREET ADDRESS	Added to Fees	Department of the Department o	of State	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VD YAX, LAW 1000 COL PENSACO D SMITH, J.	\$61.25 OFFICERS AND DIF RENCE D. DR LEGE BLVD. OLA FL D.	Trust Fund Contrib	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees ADDITIONS/CI	Department of the Department o	CTORS IN Change	N 10 Addition	
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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 flue 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 fustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

JOHN HUT (HESON /JR.

850-433-1395