

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-22-2001 90112 001 ****61.25

DOCUMENT # 727967

1. Entity Name

EPILEPSY SOCIETY OF NORTHWEST FLORIDA, INC.

Principal Place of Business

**8 N. COYLE STREET
PENSACOLA FL 32501**

Mailing Address

**8 N. COYLE STREET
PENSACOLA FL 32501**

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 **VD** ☐ Delete
NAME **YAX, LAWRENCE D. DR**
STREET ADDRESS **1000 COLLEGE BLVD.**
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **D** ☐ Delete
NAME **SMITH, J.D.**
STREET ADDRESS **30 S SPRING STREET**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4300 BAYOU BLVD, #10**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **D** ☐ Delete
NAME **HUTCHESON, JOHN**
STREET ADDRESS **8383 N DAVIS HWY**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **FRANZ, DOUG**
STREET ADDRESS **4700 BAYOU BLVD #1**
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **PD** ☐ Delete
NAME **ROBINSON, CHARLES**
STREET ADDRESS **PO BOX 510**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☒ Change ☐ Addition
NAME **SECRETARY**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HAGEROTT, KAREN**
STREET ADDRESS **800 E GOVERNMENT ST**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4308 N. CAMBRIDGE WAY**
CITY-ST-ZIP **PAGE, FL 32571**

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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN HUTCHESON, JR.

1-10-01

850-433-1395

Date

Daytime Phone #

CR2E037 (10/00)