

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90223 001 ****61.25

DOCUMENT # F02000001601

1. Entity Name

TRIGEMINAL NEURALGIA ASSOCIATION, INC.



Principal Place of Business

**2801 SW ARCHER RD., STE. C
GAINESVILLE FL 32608**

Mailing Address

**2801 SW ARCHER RD., STE. C
GAINESVILLE FL 32608**

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 **22-3071645**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PATTERSON, CLAIRE W
2801 SW ARCHER RD., STE. C
GAINESVILLE FL 32608**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Claire W. Patterson, President

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **LEVY, ROGER L**
STREET ADDRESS **8719 E. SAN VINCENTE DR.**
CITY-ST-ZIP **SCOTTSDALE AZ 85258**

TITLE **P** ☐ Delete
NAME **PATTERSON, CLAIRE W**
STREET ADDRESS **5103 SW 94TH ST.**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **V** ☐ Delete
NAME **WHITE, KENNETH**
STREET ADDRESS **49 HEDGEBROOK LANE**
CITY-ST-ZIP **STAMFORD CT 06903**

TITLE **S** ☐ Delete
NAME **CRONIN, BRIAN**
STREET ADDRESS **2039 CARMEL DR.**
CITY-ST-ZIP **JAMISON PA 18929**

TITLE **T** ☐ Delete
NAME **WHITE, KENNETH**
STREET ADDRESS **49 HEDGEBROOK LANE**
CITY-ST-ZIP **STAMFORD CT 06903**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Claire W. Patterson, President*

1/24/03 352-376-9955

CR2E037 (10/02)