

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001952

1. Entity Name

SOUTHEASTERN FOUNDATION FOR DIGESTIVE HEALTH, IN

Principal Place of Business

2400 MICCOSUKEE RD.  
TALLAHASSEE FL 32308

Mailing Address

2400 MICCOSUKEE RD.  
TALLAHASSEE FL 32308

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

59-3669336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BIST, MICHAEL P  
1300 THOMASWOOD DR.  
TALLAHASSEE FL 32308

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.

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STOCKWELL, JAMES W MD  
2400 MICCOSUKEE RD.  
TALLAHASSEE FL 32308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
REISMAN, TERRENCE N MD  
2400 MICCOSUKEE RD.  
TALLAHASSEE FL 32308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RODRIGUEZ, ANDRES F  
2400 MICCOSUKEE RD.  
TALLAHASSEE FL 32308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Stockwell

Date

Daytime Phone #

850-877-2105

FILED  
Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90106 023 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)