

2001 UNIFORM BUSINESS REPORT (UBR)

5/18

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

05-18-2001 91589 045 ****61.25

DOCUMENT # N00000003422

1. Entity Name

Movement Disorders Society of Southwest Florida, Inc.

Principal Place of Business

Mailing Address

126 E. Olympia Ave.
Suite 301
Punta Gorda, FL 33950

SAME

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

65-1021031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

49773

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Thimm, Sally E.
5865 Harrison Rd.
Venice, FL 34293

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

Sally E. Thimm
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P, D
Gil, Ramon A.
197 Roselle Ct.
Port Charlotte, FL 33952 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V, D
Thimm, Sally E.
5865 Harrison Rd.
Venice, FL 34293 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Ehrenfeld, Jan
17331 Lake Worth Blvd.
Port Charlotte, FL 33948 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Nickelson, Kim M.
751 W. Retta Esplanade
Punta Gorda, FL 33950 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T, D
Koch, Rexford R.
252 W. Olympia Ave.
Punta Gorda, FL 33950 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Sally E. Thimm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

(941) 544-5845

Daytime Phone #

CR2E037 (11/00)