

**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.**

*(A)*

Principal Place of Business      Mailing Address  
 126 E. Olympia Ave.      SAME  
 Suite 301  
 Punta Gorda, FL 33950

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      Applied For  
 65-1021031      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

49773

DO NOT WRITE IN THIS SPACE

**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*

4/30/01

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 NAME	P, D Gil, Ramon A.	<input type="checkbox"/> Delete
STREET ADDRESS	197 Roselle Ct.	
CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE NAME	V, D Thimm, Sally E.	<input type="checkbox"/> Delete
STREET ADDRESS	5865 Harrison Rd.	
CITY-ST-ZIP	Venice, FL 34293	
TITLE NAME	S Ehrenfeld, Jan	<input type="checkbox"/> Delete
STREET ADDRESS	17331 Lake Worth Blvd.	
CITY-ST-ZIP	Port Charlotte, FL 33948	
TITLE NAME	T Nickelson, Kim M.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	751 W. Retta Esplanade	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	T, D Koch, Rexford R.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	252 W. Olympia Ave.	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Sally E. Thimm*

4/30/01

(941) 544-5845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)