

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91150 025 \*\*\*\*61.25

DOCUMENT #N000Q0003422

1. Entity Name

Movement Disorders Society of Southwest Florida, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

126 E. Olympia Ave.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 301

City & State

City & State

Punta Gorda, FL

Zip

33950

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

7. Name and Address of Current Registered Agent

Name **Sally E. Thimm**

Street Address (P.O. Box Number is Not Acceptable)

5865 Harrison Rd.

City

Venice

FL

Zip Code

34293

**DO NOT WRITE  
IN THIS SPACE**

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

FEE IS \$61.25

Initial or Amended UBR

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	PD
NAME	Gil, Ramon
STREET ADDRESS	197 Roselle Ct.
CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE	VD
NAME	Thimm, Sally E.
STREET ADDRESS	5865 Harrison Rd.
CITY-ST-ZIP	Venice, FL 34293
TITLE	TD
NAME	Koch, Rexford R.
STREET ADDRESS	252 W. Olympia Ave.
CITY-ST-ZIP	Punta Gorda, FL 33950
TITLE	S
NAME	DeLouche-Luxton, Marcellene
STREET ADDRESS	12378. SW Kingsway Circle
CITY-ST-ZIP	Lake Suzy, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02

941-833-8312

CR2E037B (12/01)