

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004263

1. Entity Name

THE EPILEPSY FOUNDATION OF NORTHEAST FLORIDA, IN

Principal Place of Business

6028 CHESTER AVE
ROOM 106
JACKSONVILLE FL 32217

Mailing Address

6028 CHESTER AVE
ROOM 106
JACKSONVILLE FL 32217

2. Principal Place of Business

5209 San Jose Blvd.

3. Mailing Address

5209 San Jose Blvd.

Suite, Apt. #, etc.

Ste. 101

Suite, Apt. #, etc.

Ste. 101

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32207

Country

USA

Zip

32207

Country

USA

6. Name and Address of Current Registered Agent

ATWATER, GREGORY L.
1279 KINGSLEY AVE
SUITE 102
ORANGE PARK FL 32073

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 PD
NAME JONES, CHARLES ☐ Delete
STREET ADDRESS 1909 UNIVERSITY BLVD. S., #802
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE VPD
NAME TURK, DR WILLIAM ☐ Delete
STREET ADDRESS 807 NIRA STREET
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE TD
NAME MALL, MR JEFF ☐ Delete
STREET ADDRESS 111 RIVERSIDE AVE., SUITE 210
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE M
NAME HATFIELD, RICHARD ☐ Delete
STREET ADDRESS 12930 JUPITER HILLS CR., S
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE D
NAME WALTER, MR JEPP ☐ Delete
STREET ADDRESS 2159 AZTEC DR., W
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE D
NAME RETTINI, MS ANGELA ☐ Delete
STREET ADDRESS 428 W 70TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32218

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE (D) ☐ Change ☒ Addition
NAME Dr. Logan Cross
STREET ADDRESS 1521 LeBaron Ave.
CITY-ST-ZIP Jacksonville, FL 32207

TITLE (D) ☐ Change ☒ Addition
NAME Capt Murray Kramer
STREET ADDRESS 3706 Buckskin Tr. E.
CITY-ST-ZIP Jacksonville, FL 32277

TITLE (D) ☐ Change ☒ Addition
NAME Mr. James Wigh
STREET ADDRESS 12447 Rochford Ln
CITY-ST-ZIP Jacksonville, FL 32225

TITLE (D) ☐ Change ☒ Addition
NAME Mr. James McCullough
STREET ADDRESS 14564 Greenover Ln.
CITY-ST-ZIP Jacksonville, FL 32258

TITLE (D) ☐ Change ☒ Addition
NAME Ms. Susan Farris
STREET ADDRESS 10327 Clayton Mill Rd.
CITY-ST-ZIP Jacksonville, FL 32221

TITLE (D) ☐ Change ☒ Addition
NAME Mr. Raymond Remmer
STREET ADDRESS 11447 Lumberjack Cir. W.
CITY-ST-ZIP Jacksonville, FL 32223

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: Richard Hatfield, Exec. Dir.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90017 009 ****61.25

948792



DO NOT WRITE IN THIS SPACE

0012104

CR2E037 (10/00)

Attachment

948792
#N94000004263

ADDITIONAL DIRECTORS
Epilepsy Foundation of Northeast FL

(D)

Mr. Christopher Wilkey
1350 Talbot Ave.
Jacksonville, FL 32205

(D)

Mr. Virgil Lancaster
1128 Jamaica Rd.E.
Jacksonville, FL32216