

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90082 038 ****61.25

DOCUMENT # N94000004263

1. Entity Name

THE EPILEPSY FOUNDATION OF NORTHEAST FLORIDA, IN C.

Principal Place of Business

Mailing Address

**5209 SAN JOSE BV
 STE 101
 JACKSONVILLE FL 32207**

**5209 SAN JOSE BV
 STE 101
 JACKSONVILLE FL 32207**

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 **59-3295718**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Director only** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **Director only** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **Pres./Director** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

TITLE **V/P - Director** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02
 Date

(904) 731-3752
 Daytime Phone #

CR2E037 (9/01)

7. Dr. Logan Cross-D
1521 LeBaron Ave.
Jacksonville, FL 32207
 8. Dr. David Chabolla-D
4500 San Pablo Road
Jacksonville, FL 32224
 9. Ms Susan Farris-D
10327 Clayton Mill Rd.
Jacksonville, FL 32221
 10. Mr Raymond Remmer-D/Treas.
11447 Lumberjack Cir.W.
Jacksonville, FL 32223
 11. Virgil G. Lancaster-D/Secy
1128 Jamaica Rd. E.
Jacksonville, FL 32216
 12. Mr. Christopher Wilkey-D
1350 Talbot Ave.
Jacksonville, FL 32205
 13. Ms. Deborah Holt-D
14164 Washburn Ct.
Jacksonville, FL 32250
 14. Ms. Willise Riche-D
580 W. 8th St.-Plaza 1
9th floor
Jacksonville, FL 32209
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