

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000692

1. Entity Name

FLORIDA EPILEPSY SERVICES PROVIDERS ASSOCIATION,

Principal Place of Business

1100-B EAST PARK AVE
TALLAHASSEE FL 32301
US

Mailing Address

1100-B EAST PARK AVE
TALLAHASSEE FL 32301
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WOODWARD, JOHN T
1100-B EAST PARK AVE
TALLAHASSEE FL 32301

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 D ☐ Delete
NAME BONDS, JESS
STREET ADDRESS 10912 N. 14TH ST
CITY-ST-ZIP TAMPA FL 33612

TITLE D ☐ Delete
NAME CARMEN, CHARLES
STREET ADDRESS 22 W. LAKE BEAUTY DR., STE 314
CITY-ST-ZIP ORLANDO FL 32806

TITLE D ☐ Delete
NAME CARROLL, FRANK JR
STREET ADDRESS 6190 NICOLE CT
CITY-ST-ZIP SARASOTA FL 34243

TITLE D ☐ Delete
NAME DARNELL, ALAN
STREET ADDRESS 3135 S.R. 580., #7
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE PD ☐ Delete
NAME DEAN, PATRICIA
STREET ADDRESS 3100 S.W. 62ND AVE
CITY-ST-ZIP MIAMI FL 33155

TITLE D ☐ Delete
NAME DEVINE, JOYCE
STREET ADDRESS 5730 CORPORATE WAY., #220
CITY-ST-ZIP WEST PALM BEACH FL 33407

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME 200004450362-9
STREET ADDRESS -06/28/01--01091--015
CITY-ST-ZIP *****70.00 *****70.00

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

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

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

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:

John T. Woodward

June 11, 2001

(850) 222-1777

APPROVED
AND
FILED

01 JUN 18 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

0000699

FLORIDA EPILEPSY SERVICES PROVIDERS ASSOCIATION, INC.

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10. OFFICERS AND DIRECTORS (CONTINUED)

SD

HATFIELD, RICH
5209 SAN JOSE BLVD, STE 101
JACKSONVILLE FL 32207

D

UBERMAN, CHERYL
20 SANDPIPER LANE
CRAWFORDVILLE FL 32327

D

HUTCHESON, JOHN
10064 HUNTSMAN PATH
PENSACOLA FL 32514

TD

WOODWARD, JOHN
1108-B E PARK AVE
TALLAHASSEE FL 32301

D

JONES, CHARLES
5209 SAN JOSE BLVD, STE 101
JACKSONVILLE FL 32207

VD

LYONS, JIM
1100 NW 8TH AVE, STE A
GAINESVILLE FL 32601

D

ORTH, THOMAS
4618 N ARMENIA AVE
TAMPA FL 33603

D

RAMMINGER, JIM
8 N COYLE ST
PENSACOLA FL 32501

D

SKAGGS, BONNIE
5700 54TH AVE N
ST PETERSBURG FL 33709

D

SURAN, LARRY
7300 N KENDALL DR, #700
MIAMI FL 33156