

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000000692**

1. Entity Name

FLORIDA EPILEPSY SERVICES PROVIDERS ASSOCIATION, INC

APPROVED
AND
FILED

02 APR 10 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1100-B EAST PARK AVE
TALLAHASSEE FL 32301
US

1100-B EAST PARK AVE
TALLAHASSEE FL 32301
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1108-B EAST PARK AVE

1108-B EAST PARK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32301

Country

USA

Zip

32301

Country

USA

4. FEI Number

65-0559229

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

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

Name

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

1108-B EAST PARK AVE

City

TALLAHASSEE

FL

Zip Code

32301

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400005281984--0
CITY-ST-ZIP -04/16/02--01035--008
*****70.00 *****70.00

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

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

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

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

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

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

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

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

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

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 John T. Woodward

4/10/2002

(850) 222-1777

CR2E037 (9/01)

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

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

D
ORTH, THOMAS
4618 N ARMENIA AVE
TAMPA FL 33603

VD
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