

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000138

1. Entity Name

FLORIDA NEUROLOGICAL INSTITUTE, INC.

Principal Place of Business

600 DRUID ROAD EAST
CLEARWATER FL 34616

Mailing Address

600 DRUID ROAD EAST
CLEARWATER FL 33756-3912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33756

4. FEI Number

59-3438294
~~NOT APPLICABLE~~

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMMESFAHE, WILLIAM DR
600 DRUID ROAD EAST
CLEARWATER FL 34616

7. Name and Address of New Registered Agent

Name Hammesfahr, William Dr.

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
NAME HAMMESFAHR, WILLIAM M
STREET ADDRESS 600 DRUID ROAD EAST
CITY-ST-ZIP CLEARWATER FL 34616 ☐ Delete

TITLE D
NAME PAYNE, BRUCE
STREET ADDRESS 500 N. DUKE ST., SUITE 55-302
CITY-ST-ZIP DURHAM NC 27701 ☐ Delete

TITLE D
NAME MODONIE, JAMES
STREET ADDRESS 1770 N. BETTY LANE
CITY-ST-ZIP CLEARWATER FL 33755 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90108 017 ***150.00



DO NOT WRITE IN THIS SPACE