

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P15242

1. Entity Name

EPILEPSY FOUNDATION OF AMERICA, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90071 039 ****61.25

Principal Place of Business

Mailing Address

4351 GARDEN CITY DRIVE
LANDOVER MD 20785

4351 GARDEN CITY DRIVE
LANDOVER MD 20785-2223

2. Principal Place of Business

Landover, MD

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-0856660

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 **S** ☐ Delete
NAME **WARNER, LINDA K**
STREET ADDRESS **9156 JEWEL LANE NORTH**
CITY-ST-ZIP **FOREST LAKE MN 55025**

TITLE **Sr. Vice Chair** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HUNT, DARROLD**
STREET ADDRESS **305 ALLISON ST NW**
CITY-ST-ZIP **WASHINGTON DC 20011**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1711 T Street, NW, Apt. 9**
CITY-ST-ZIP **Washington, DC 20009-7109**

TITLE **D** ☐ Delete
NAME **RITZEN, EYV K**
STREET ADDRESS **3605 MOCKINGBIRD LANE**
CITY-ST-ZIP **DALLAS TX 75205**

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

TITLE **SVPD** ☐ Delete
NAME **LINDAHL, LISA**
STREET ADDRESS **112 CLAY POINT RD**
CITY-ST-ZIP **COLCHESTER VT 05446**

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

TITLE **PD** ☐ Delete
NAME **CARPENTER, JEANNE A ESQ.**
STREET ADDRESS **600 THIRTEENTH ST NW 9TH FLOOR**
CITY-ST-ZIP **WASHINGTON DC 20005-3096**

TITLE **Immediate Past Chair** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **MATTHEWS, B G**
STREET ADDRESS **600 TRAVIS ST STE 6603**
CITY-ST-ZIP **HOUSTON TX 77002-3007**

TITLE **President** ☐ Change ☒ Addition
NAME **Eric R. Hargis**
STREET ADDRESS **4351 Garden City Drive**
CITY-ST-ZIP **Landover, MD 20785**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

301-459-3700

Daytime Phone #

CR2E037 (9/99)