

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90310 027 \*\*\*\*61.25

0039046

**DOCUMENT # 702559**

1. Entity Name

**ROYCE NURSING FOUNDATION, INC.**

Principal Place of Business

1500 NW 12TH AVE  
 7 FL  
 MIAMI FL 33136  
 US

Mailing Address

1500 NW 12TH AVE  
 7 FL  
 MIAMI FL 33136  
 US

**620174**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**51-0169662**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MASS, D. JANE**  
**420 HARDEE ROAD**  
**CORAL GABLES FL 33146**

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	ST	<input type="checkbox"/> Delete
NAME	JONES, JUDY	
STREET ADDRESS	14024 SW 104 CT	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	P	<input type="checkbox"/> Delete
NAME	MASS, JANE D	
STREET ADDRESS	420 HARDEE ROAD	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBERTS, NANCY	
STREET ADDRESS	15060 EGAN LANE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURGESS, BERNARD	
STREET ADDRESS	112 VALENCIA AVE.	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACKINNON, HAROLD A	
STREET ADDRESS	122 D-1 LAKE PINE CR.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X** *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/14/00*

*(305) 585-7134*

CR2E037 (10/00)