

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J40753**

1. Entity Name

**NURSEFINDERS OF SARASOTA, INC.**

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90104 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>223 BENEVA ROAD SARASOTA FL 34232-1010</b>	Mailing Address <b>P.O. BOX 13767 ARLINGTON TX 76094-0767</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>74-2437482</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**DEWEES, BARNEY**  
**3758 COUNTRY SIDE ROAD**  
**SARASOTA FL 34233**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>CARR, LARRY M.</b> <b>1301 SOUTH BOWEN NO. 335</b> <b>ARLINGTON TX 76013</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>GOSSARD, BRUCE</b> <b>3275-66TH ST NORTH</b> <b>ST PETERSBURG FL 33710</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DALY, JOHN</b> <b>3517 FOWLER STREET</b> <b>FT MYERS FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>DEWEES, BARNEY</b> <b>3785 COUNTRYSIDE RD.</b> <b>SARASOTA FL 34235</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # **817 277-3737**

CR2E034 (9/99)