

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90046 006 \*\*\*150.00

**DOCUMENT # J40753**

1. Entity Name  
**NURSEFINDERS OF SARASOTA, INC.**

Principal Place of Business

Mailing Address

**223 BENEVA ROAD**  
**SARASOTA FL 34232-1010**

~~P.O. BOX 13767~~  
~~ARLINGTON TX 76084~~

104100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2. Mailing Address

**1223 BENEVA RD**  
 Suite, Apt. #, etc.

**PO BOX 201946**  
 Suite, Apt. #, etc.

City & State

City & State

**SARASOTA FL**

**ARLINGTON, TX**

4. FEI Number **74-2437482**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**34232**

**SARASOTA**

**76006**

**TARRANT**

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

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

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 re-registering)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	CARR, LARRY M.	
STREET ADDRESS	1301 SOUTH BOWEN NO. 335	
CITY-ST-ZIP	ARLINGTON TX 76013	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GOSSARD, BRUCE	
STREET ADDRESS	3275-66TH ST NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALY, JOHN	
STREET ADDRESS	3517 FOWLER STREET	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DEWEES, BARNEY	
STREET ADDRESS	3785 COUNTRYSIDE RD.	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)