

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2000 8:00 am
Secretary of State

06-22-2000 90050 024 ****61.25

DOCUMENT # **N39895**

1. Entity Name

ASSOCIATION OF OPERATING ROOM NURSES OF THE PALM

Principal Place of Business

Mailing Address

1754 TUDOR RD
 NORTH PALM BEACH FL 33408
 US

1754 TUDOR RD
 NORTH PALM BEACH FL 33408-2435
 US



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

65-0169446

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

SURIANO, BETH L
1754 TUDOR RD
NORTH PALM BEACH FL 33408

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

Beth L. Suriano

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/16/2000

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 | PED | <input type="checkbox"/> Delete |
| NAME | WILLSEY, JAMES | |
| STREET ADDRESS | 5600 POINSENIA AVE - APT 2003 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33407 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | CARPENTER, PATRICIA | |
| STREET ADDRESS | 1340 SCOTTSDALE E | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33417 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | SURIANO, BETH | |
| STREET ADDRESS | 1754 TUDOR RD | |
| CITY-ST-ZIP | NORTH PALM BEACH FL 33408 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | DIANE HASELTINE | |
| STREET ADDRESS | 19 SELBY LANE | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------------------|--|
| TITLE | <i>President - P</i> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Jim WILLSEY</i> | |
| STREET ADDRESS | <i>5600 POINSENIA AVE - APT. 2003</i> | |
| CITY-ST-ZIP | <i>West Palm Beach, FL. 33407</i> | |
| TITLE | <i>Vice President V</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>DIANE HASELTINE</i> | |
| STREET ADDRESS | <i>19 Selby Lane</i> | |
| CITY-ST-ZIP | <i>Palm Beach Gardens, FL 33418</i> | |
| TITLE | <i>Treasurer - T</i> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>SURIANO, Beth</i> | |
| STREET ADDRESS | <i>1754 TUDOR RD</i> | |
| CITY-ST-ZIP | <i>North Palm Beach FL. 33408</i> | |
| TITLE | <i>Connie HILLMAN - S</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Connie HILLMAN - S</i> | |
| STREET ADDRESS | <i>12354 Orange Blvd.</i> | |
| CITY-ST-ZIP | <i>WEST PALM BEACH, FL</i> | |
| 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 | | |

CR 207 (9/99)

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:

Beth L. Suriano
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/2000
 Date

561-744-4412
 Daytime Phone #