

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 14, 2000 8:00 am**
Secretary of State

02-14-2000 90174 039 ****61.25

DOCUMENT # 700554

1. Entity Name

THE FLORIDA NURSES ASSOCIATION, DISTRICT TWENTY-ONE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 21691
FORT LAUDERDALE FL 33335P.O. BOX 21691, N/A
FT. LAUDERDALE FL 33335-1691
US

80019212



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

05-9075077

Applied For
Not Applied

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

ARLENE ROHR
11625 NW 5 ST.
PLANTATION FL 33325

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:
FEI IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | NADOLNY, SUSAN | |
| STREET ADDRESS | 2080 NW 86 AVE | |
| CITY-ST-ZIP | SUNRISE FL 33322 | |

| | | |
|----------------|----------------------------|--|
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | UPSHAW, CONSTANCE | |
| STREET ADDRESS | 2750 NW TIMBERCREEK CIRCLE | |
| CITY-ST-ZIP | BOCA RATON FL | |

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | GRANT, ANN | |
| STREET ADDRESS | 901 CYPRESS GROVE DR STE 206 | |
| CITY-ST-ZIP | POMPANO BEACH FL | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | ORBEN, JANE | |
| STREET ADDRESS | 1311 NE 27TH TERRACE | |
| CITY-ST-ZIP | POMPANO BEACH FL | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change |
| NAME | Fishman, Sarah | |
| STREET ADDRESS | 3710 Inverrary Dr. #3X | |
| CITY-ST-ZIP | Lauderhill, FL 33319 | |

| | | |
|----------------|----------------------|--|
| TITLE | TTD | <input checked="" type="checkbox"/> Change |
| NAME | Schwind, Maria | |
| STREET ADDRESS | 1115 N. 13th Terrace | |
| CITY-ST-ZIP | Hollywood, FL 33019 | |

| | | |
|----------------|-------------------------|--|
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Horton, Markean | |
| STREET ADDRESS | 3228 NE 14th Street | |
| CITY-ST-ZIP | Pompano Beach, FL 33062 | |

| | | |
|----------------|--|---|
| 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 | | |

| | | |
|----------------|--|---|
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARTA SCHWIND

2/7/2000 (954) 929-4913