

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91360 048 \*\*\*\*61.25

OC 1759

**DOCUMENT # 700554**

1. Entity Name

**THE FLORIDA NURSES ASSOCIATION, DISTRICT TWENTY-**

Principal Place of Business

Mailing Address

P.O. BOX 21691  
 FORT LAUDERDALE FL 33335

P.O. BOX 21691 N/A  
 FT. LAUDERDALE FL 33335  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**05-9075077**

Applied For

Not Applicable

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:  
 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FISHMAN, SARAH</b>	
STREET ADDRESS	<b>3710 INVERRARY DR #3X</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL 33319</b>	
TITLE	<b>TTD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWIND, MARIA</b>	
STREET ADDRESS	<b>1115 13TH TERRACE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GRANT, ANN</b>	
STREET ADDRESS	<b>901 CYPRESS GROVE DR STE 206</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ORBEN, JANE</b>	
STREET ADDRESS	<b>1311 NE 27TH TERRACE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>HORTON, MARKEAN</b>	
STREET ADDRESS	<b>3228 NE 14TH ST</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sandra Whitmore</b>	
STREET ADDRESS	<b>462 Deer Creek Run</b>	
CITY-ST-ZIP	<b>Deerfield Beach, FL 33442</b>	
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 another like empowered.

SIGNATURE: *[Signature]* **NONATTEST REQUIRED**

5/11/01 (954) 929-4913

CR2E037 (10/00)