

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708606

1. Entity Name

LICENSED PRACTICAL NURSES ASSOCIATION OF FLORIDA

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90092 027 ****61.25

Principal Place of Business

Mailing Address

1467 13TH AVE N
NAPLES FL 34102
US

PO BOX 47454
ST PETERSBURG FL 33743-7454
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1025397

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

MCCREARY, LINDA
3841 CHERRY LAUREL DR.
PENSACOLA FL 32504

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 P ☐ Delete
NAME MCCREARY, LINDA
STREET ADDRESS 3841 CHERRY LAUREL DR.
CITY-ST-ZIP PENSACOLA FL 32504

TITLE Secretary ☐ Change ☒ Addition
NAME Jean Posey
STREET ADDRESS 3007 S. Oleander Terr.
CITY-ST-ZIP INVERNESS FL 34450

TITLE VP ☐ Delete
NAME BURNETT, JOYCE
STREET ADDRESS 1467 13TH AVE. N.
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME NORTH, VIRGINIA
STREET ADDRESS 6445 EMERSON AVE. DO.
CITY-ST-ZIP ST. PETERSBURG FL 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JOSEY, BETTY
STREET ADDRESS 1315 CREECH DR. APT. A
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MEREDITH, ISABEL
STREET ADDRESS 101 CASHW COURT
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STANTON, ORA L
STREET ADDRESS 5846 MAGNOLIA ST. N
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE ☐ Change ☐ 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: Linda M. McCreary LINDA McCreary, Pres. 3/5/00 (850) 478-0359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)