

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 25, 2002 8:00 am**
Secretary of State

03-25-2002 90072 010 ****61.25

DOCUMENT # 708606

1. Entity Name

**LICENSED PRACTICAL NURSES ASSOCIATION OF FLORIDA
, INC.**

Principal Place of Business

Mailing Address

**1467 13TH AVE N
NAPLES FL 34102
US****PO BOX 47454
ST PETERSBURG FL 33743
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

59-1025397

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~~**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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	<input type="checkbox"/> Delete
NAME	MCCREARY, LINDA	
STREET ADDRESS	3841 CHERRY LAUREL DR.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BURNETT, JOYCE	
STREET ADDRESS	1467 13TH AVE. N.	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	I	<input type="checkbox"/> Delete
NAME	NORTH, VIRGINIA	
STREET ADDRESS	6445 EMERSON AVE. DO. SO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEY, BETTY	
STREET ADDRESS	1315 CREECH DR. APT. A	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEREDITH, ISABEL	
STREET ADDRESS	101 CASHEW COURT	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANTON, ORA L	
STREET ADDRESS	5846 MAGNOLIA ST. N	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	

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	
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 #

3/3/02 (850) 478-0359

CR2E037 (9/01)