

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721288

1. Entity Name

DISTRICT FIVE, FLORIDA NURSES' ASSOCIATION, INCO

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90091 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

45 SW 31ST AVE  
MIAMI FL 33135

45 SW 31ST AVE  
MIAMI FL 33135-1214

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

59-0525965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCSWANE, MARILYN  
400 NW 150 ST  
SUITE 6A  
MIAMI FL 33168

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 MESSNER, PATRICIA  
STREET ADDRESS 4300 JACKSON ST  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE V ☒ Change ☐ Addition  
NAME YOHAM, MARY ALICE  
STREET ADDRESS 10550 S.W. 103 AVENUE  
CITY-ST-ZIP MIAMI, FL 33176

TITLE V ☒ Delete  
NAME GREENFIELD, DEBORAH  
STREET ADDRESS 7541 BUCCANEER AVE  
CITY-ST-ZIP MIAMI FL 33141

TITLE S ☒ Change ☐ Addition  
NAME GREENFIELD, DEBORAH  
STREET ADDRESS 7541 BUCCANEER AVENUE  
CITY-ST-ZIP MIAMI, FL 33141

TITLE T ☒ Delete  
NAME LEHMANN, SARAH  
STREET ADDRESS 6965 GLENEAGLE DR  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE T ☒ Change ☐ Addition  
NAME PINSKY, HOWARD  
STREET ADDRESS 148 S.W. 22nd ROAD  
CITY-ST-ZIP MIAMI, FL 33129

TITLE D ☒ Delete  
NAME JONES, SANDE  
STREET ADDRESS 11522 S.W. 126TH TERR  
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☒ Change ☐ Addition  
NAME JANKOWSKI, EVELYN  
STREET ADDRESS 2905 POINT EAST DRIVE #110  
CITY-ST-ZIP MIAMI, FL 33160

TITLE D ☒ Delete  
NAME KINNAIRD, LEAH  
STREET ADDRESS 9040 S.W. 97TH TERR  
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☒ Change ☐ Addition  
NAME LITTLE, DANIEL  
STREET ADDRESS 811 N.E. 80 STREET  
CITY-ST-ZIP MIAMI, FL 33138

TITLE D ☒ Delete  
NAME PFEIFER, DONNA  
STREET ADDRESS 11721 S.W. 193RD ST  
CITY-ST-ZIP MIAMI FL 33177

TITLE D ☒ Change ☐ Addition  
NAME LOWE, JOHN  
STREET ADDRESS 11882 S.W. 13 COURT  
CITY-ST-ZIP FORT LAUDERDALE, FL 33325

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:

*PATRICIA A. MESSNER - President*  
*3/8/00*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

121288

HHachmer H  
00037541



District Five Florida Nurses Association  
45 S.W. 31st Avenue • Miami, FL 33135

Additional directors:

D  
PARNS, MERRYLE  
1971 SACRAMENTO  
WESTON, FL 33326