2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

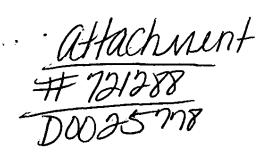
SIGNATURE:

Mar 16, 2001 8:00 am³ Secretary of State **DOCUMENT # 721288** 1. Entity Name DISTRICT FIVE, FLORIDA NURSES' ASSOCIATION, INCO 03-16-2001 90011 023 ****61.25 Mailing Address Principal Place of Business 45 SW 31ST AVE 45 SW 31ST AVE MIAM! FL 33135 UUUZ5778 MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0525965 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCSWANE, MARILYN 400 NW 150 ST SUITE 6A Zip Code FL MIAMI FL 33168 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change TITLE ☐ Delete TITLE MORRISON, CAROL MESSNER, PATRICIA NAME NAME 1930 N.₩. 193 TERRACE 4300 JACKSON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OPA LOCKA, FL CITY-ST-ZIP HOLLYWOOD FL 33021 33056 ☐ Addition ☐ Change ☐ Delete TITLE TITLE YOHAM, MARY A NAME NAME STREET ADDRESS 10550 SW 103 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 ☐ Addition ☐ Change ☐ Delete TITLE TITLE PINSKY, HOWARD NAME NAME STREET ADDRESS 148 SW 22ND RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 ☐ Addition ☐ Change M Delete TITLE TITLE JANKOWSKI, EVELYN NAME NAME STREET ADDRESS STREET ADDRESS 2905 POINT EAST DR #110 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33160 Change Addition ☐ Delete TITLE TITLE LITTLE, DANIEL NAME NAME STREET ADDRESS STREET ADDRESS 811 NE 80 ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33138** ☐ Change ☐ Addition D ☐ Delete TITLE TITLE LOWE, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 11882 SW 13 CT 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

ER OR DIRECTOR & TOTAL DATE

715 674-2335

FILED





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

List of Officers/Directors not listed in block 10 that were listed last year and have not changed.

S
GREENFIELD, DEBORAH
7541 BUCCANEER AVENUE
MIAMI, FL 33141

D
PARNS, MERRYLE
1971 SACRAMENTO
WESTON, FL 33326