

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730661

1. Entity Name

DISTRICT NUMBER 2 OF THE FLORIDA NURSES' ASSOCIA

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90028 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PO BOX 10062  
JACKSONVILLE FL 32247-7062

PO BOX 10062  
JACKSONVILLE FL 32247-0062

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

59-0658163

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

RAMSEY, MARY G  
7425 HENNESEY RD  
JACKSONVILLE FL 32244-4711

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

T ☐ Delete  
NAME RAMSEY, MARY G  
STREET ADDRESS 7425 HENNESSY RD  
CITY-ST-ZIP JACKSONVILLE FL

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

V ☐ Delete  
NAME CLARK, ALICE  
STREET ADDRESS 827 TOURNAMENT RD  
CITY-ST-ZIP PVB FL 32082

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

D ☐ Delete  
NAME FULWOOD, KAY  
STREET ADDRESS 2345 LUANA DR EAST  
CITY-ST-ZIP JACKSONVILLE FL 32246-9561

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

P ☐ Delete  
NAME HOLMAN, "MIMI" Helen  
STREET ADDRESS 1532 KINGSLEY  
CITY-ST-ZIP OP FL 32067-2187

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

D ☐ Delete  
NAME EBENER, KATHY  
STREET ADDRESS 1472 WATER PIPIT LN  
CITY-ST-ZIP OP FL 32073-7238

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

S ☐ Delete  
NAME RAIFORD, BETSY  
STREET ADDRESS 1347 MORIER ST  
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

03-19-00.904-726488