2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

07-12-2001 90118 016 ****61.25

DOCUMENT # 730661

1. Entity Name

DISTRICT NUMBER 2 OF THE FLORIDA NURSES' ASSOCIA

Principal Place of Business	Mailing Address
PO BOX 10062 JACKSONVILLE FL 32247-7062	PO BOX 10062 JACKSONVILLE FL 32247-7062

[redacted]

DO NOT WRITE IN THIS SPACE

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 HENNESSEY RD JACKSONVILLE FL 32244-4711	Name: Mary Kathleen Ebener Street Address (P.O. Box Number is Not Acceptable): 1472 Water Pipit Lane City: Orange Park FL Zip Code: 32003

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: Mary Kathleen Ebener — 7/10/01

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
After September 12, 2001, min. will be $236.25

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	T	☒ Delete	TITLE	P	☐ Change ☒ Addition
NAME	RAMSEY, MARY G		NAME	William D Ahrens	
STREET ADDRESS	7425 HENNESSY RD		STREET ADDRESS	4429 Arch Creek Dr	D
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	V	☒ Delete	TITLE	V	☐ Change ☒ Addition
NAME	CLARK, ALICE		NAME	Andrea Gregg	
STREET ADDRESS	827 TOURNAMENT RD		STREET ADDRESS	3726 Sea Hawk St, East	D
CITY-ST-ZIP	PVB FL 32082		CITY-ST-ZIP	Jacksonville, FL 32227	
TITLE	D	☒ Delete	TITLE	S	☐ Change ☒ Addition
NAME	FULWOOD, KAY		NAME	Gloria Caffrey	
STREET ADDRESS	2345 LUANA DR EAST		STREET ADDRESS	2569 Wildwood Lane	D
CITY-ST-ZIP	JACKSONVILLE FL 32246-9561		CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	P	☒ Delete	TITLE	D Helen Holman	☐ Change ☒ Addition
NAME	HOLMAN, MIMI H		NAME	~~Kathleen Hogy~~	
STREET ADDRESS	1532 KINGSLEY		STREET ADDRESS	1523 Will Iris Lane	D
CITY-ST-ZIP	OP FL 32067-2187		CITY-ST-ZIP	Orange Park, FL 32003	
TITLE	D	☐ Delete	TITLE	T	☒ Change ☐ Addition
NAME	EBENER, KATHY		NAME	Mary Kathleen Ebener	
STREET ADDRESS	1472 WATER PIPIT LN		STREET ADDRESS	1472 Water Pipit Lane	D
CITY-ST-ZIP	OP FL 32073-7238		CITY-ST-ZIP	Orange Park, FL 32003	
TITLE	S	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	RAIFORD, BETSY		NAME		
STREET ADDRESS	1347 MORIER ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP		

CR2E037 (5/01)

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: Mary Kathleen Ebener — Mary Kathleen Ebener — 7/10/01 — 904 2696838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURES REQUIRED