

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730661

1. Entity Name

DISTRICT NUMBER 2 OF THE FLORIDA NURSES' ASSOCIATION



FILED

04 FEB 24 AM 8:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

PO BOX 57441
JACKSONVILLE FL 32247-7062

Mailing Address

PO BOX 57441
JACKSONVILLE FL 32247-7062

32241-7441

32241-7441

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

EBENER, MARY KATHLEEN
1472 WATER PIPIT LANE
ORANGE PARK FL 32003

Name Mary Kathleen Ebener

Street Address (P.O. Box Number is Not Acceptable)
4118 Buddingtons Landing Ct

City Middleburg

FL

Zip Code 32068

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mary Kathleen Ebener

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12-28-2003

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME AHRENS, WILLIAM D
STREET ADDRESS 4429 ARCH CREEK DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

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

TITLE VD
NAME GREGG, ANDREA
STREET ADDRESS 3726 SEA HAWK STREET EAST
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 100024856461
STREET ADDRESS 02/25/04--01068--002 ***61.25
CITY-ST-ZIP

TITLE SD
NAME CAFFREY, GLORIA
STREET ADDRESS 2569 WINDWOOD LANE
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 100024856461
STREET ADDRESS 11/13/03--01045--003 ***61.25
CITY-ST-ZIP

TITLE DD
NAME HOLMAN, HELEN
STREET ADDRESS 585 GOLDEN LINKS DRIVE
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

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

TITLE TD
NAME EBENER, MARY KATHLEEN
STREET ADDRESS 1472 WATER PIPIT
CITY-ST-ZIP ORANGE PARK FL 32003 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME Mary Kathleen Ebener
STREET ADDRESS 4118 Buddingtons Landing Ct
CITY-ST-ZIP Middleburg FL 32068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 #

WILLIAM D AHRENS

11/13/03 904-737-6535

CR2F037 (4/03)