

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

**FILED**  
**Jun 23, 2003 8:00 am**  
**Secretary of State**

06-23-2003 90057 047 \*\*\*\*61.25

**DOCUMENT # N00000001920**

1. Entity Name

**PHILIPPINE NURSES ASSOCIATION OF GULF COAST FLORIDA, INC.**



Principal Place of Business

2951 EAGLES NEST DRIVE  
PALM HARBOR FL 34683

Mailing Address

2951 EAGLES NEST DRIVE  
PALM HARBOR FL 34683

2. Principal Place of Business

*SAME AS ABOVE*

3. Mailing Address

*SAME AS ABOVE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3617815**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STEIN, HEIDI**  
**1980 SWAN LN.**  
**PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name **LOLITA FOLLACK**

Street Address (P.O. Box Number is Not Acceptable)

**3719**

**3719 Odum Dr.**

City

**NEW PORT RICHEY**

**FL**

Zip Code

**34652**

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

*Lolita Follack*

**6-15-03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **RAVI, TITA**  
STREET ADDRESS **2951 EAGLES NEST DRIVE**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **D** ☐ Delete  
NAME **ESTAMPADOR, ESTHER**  
STREET ADDRESS **2951 EAGLES NEST DRIVE**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **D** ☐ Delete  
NAME **S-MEDENILLA, CECILE**  
STREET ADDRESS **2951 EAGLES NEST DRIVE**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **D** ☐ Delete  
NAME **LEWIS, MERLE**  
STREET ADDRESS **2951 EAGLES NEST DRIVE**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **D** ☐ Delete  
NAME **NAVARRO, MA J**  
STREET ADDRESS **2951 EAGLES NEST DRIVE**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **D** ☐ Delete  
NAME **SANTOS, MERLY**  
STREET ADDRESS **2951 EAGLES NEST DRIVE**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 REQUIRED*

**6/15/03 727-784-3683**

CR2E037 (10/02)