

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90012 004 ****61.25

DOCUMENT # N01000004808

1. Entity Name

**SOUTH FLORIDA CONFERENCE OF GERONTOLOGICAL NURSE
 PRACTITIONERS, INC.**

Principal Place of Business

**1141 DUNCAN CIRCLE #204
 PALM BEACH GARDENS FL 33418**

Mailing Address

**1141 DUNCAN CIRCLE #204
 PALM BEACH GARDENS FL 33418**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1120722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WEISSMAN, GEGE
 1141 DUNCAN CIRCLE #204
 PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
 NAME **WEISSMAN, GEGE**
 STREET ADDRESS **1141 DUNCAN CIRCLE #204**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **SD** ☐ Delete
 NAME **PLANCENSIA, IVELISSE**
 STREET ADDRESS **1535 YELLOWHEART WAY**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **VD** ☐ Delete
 NAME **TOUCHY, THERIS A**
 STREET ADDRESS **1410 NE 42 CT**
 CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE **TD** ☐ Delete
 NAME **ROMAN, MARLENE**
 STREET ADDRESS **10024 COUNTRY BROOK RD**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **TOUCHY, THERIS A**
 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:

Georgina Weissman (Gege)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02

Date

954-462-8096

Daytime Phone #

CR2E037 (9/01)