

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90067 043 ****61.25

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

DOCUMENT # N01000004808



1. Entity Name
SOUTH FLORIDA CONFERENCE OF
GERONTOLOGICAL NURSE PRACTITIONERS, INC.

Principal Place of Business

937 DICKENS PLACE
WEST PALM BEACH, FL 33411

2. Principal Place of Business

SAME

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1120702

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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
Initial or Amended UBR

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 WEISSMAN, GEGE
STREET ADDRESS 1141 DUNCAN CIRCLE #204
CITY-STATE-ZIP PALM BEACH GARDENS, FL 33418 ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE PD
NAME GEGE-WEISSMAN
STREET ADDRESS 937 DICKENS PLACE
CITY-STATE-ZIP WEST PALM BEACH, FL 33411 ☒ Change ☐ Addition

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

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

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Georgann V. Weissman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/03

Date

954-462-8046

Daytime Phone #

CR2E032 (01/02)