

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01231

1. Entity Name

PUBLIC HEALTH NURSING INSERVICE FOUNDATION OF BR

Principal Place of Business

2421-A SW 6TH AVENUE  
FT. LAUDERDALE FL 33315  
US

Mailing Address

2421-A SW 6TH AVENUE  
FT. LAUDERDALE FL 33315-2613  
US

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

59-2389815

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

SCHWIND, MARIA  
1115 N. 13TH TERRACE  
HOLLYWOOD FL 33019

Name Elizabeth Groves

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

4329 Coral Springs Drive

City Coral Springs

FL

Zip Code  
33065

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

*Elizabeth A. Groves*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete

NAME SCHWIND, MARIA  
STREET ADDRESS 1115 N. 13TH TERRACE  
CITY-ST-ZIP HOLLYWOOD FL

TITLE TD ☐ Delete

NAME GROVES, ELIZABETH  
STREET ADDRESS 4329 CORAL SPRINGS DR  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE SD ☐ Delete

NAME HILL, DEBORAH  
STREET ADDRESS 4881 NW 72ND TERRACE  
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition

NAME Groves, Elizabeth  
STREET ADDRESS 4329 Coral Springs Drive  
CITY-ST-ZIP Coral Springs, FL 33065

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition

NAME Griffiths, Joy  
STREET ADDRESS 1219 NW 16 Street  
CITY-ST-ZIP Ft. Lauderdale, FL 33311

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:

*Elizabeth A. Groves*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/2000 954-467-4924

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE