

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01231

1. Entity Name

PUBLIC HEALTH NURSING INSERVICE FOUNDATION OF BR
OWARD COUNTY, INC.

Principal Place of Business

Mailing Address

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

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

GROVES, ELIZABETH
4329 CORAL SPRINGS DR
CORAL SPRINGS FL 33065

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME GROVES, ELIZABETH
STREET ADDRESS 4329 CORAL SPRINGS DR
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

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

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

TITLE TD ☐ Delete
NAME GRIFFITHS, JOY
STREET ADDRESS 1219 NW 16 ST
CITY-ST-ZIP FORT LAUDERDALE FL 33311

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Deborah Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

Daytime Phone #

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90317 047 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)