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

FILED
May 12, 2003 8:00 am
Secretary of State
04-16-2003 90146 043 ****70.00

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55039871

1. Entity Name
FLORIDA SUNSHINE CHAPTER OF THE SOCIETY OF UROLO GIC NURSES AND ASSOCIATES, INC.

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
507 DEL PRADO BLVD. CAPE CORAL FL 33990	507 DEL PRADO BLVD. CAPE CORAL FL 33990

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 35-2183600 ☐ 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
HORMOZDI, LILLIAN 14749 MAHOE COURT FT. MYERS FL 33908	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 Lillian Hormozdi 4/1/03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HORMOZDI, LILLIAN 14749 MAHOE COURT FORT MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Business Address 507 Del Prado Cape Coral, FL 33990 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GEIGER, KERRY 1710 NE 1ST TERRACE CAPE CORAL FL 33909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	same ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S YANCEY, TINA 2729 NICOLE CIRCLE PALM HARBOR FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	same ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCLEAN, CINDY 1021 SE 18TH PLACE CAPE CORAL FL 33990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	507 Del Prado Cape Coral, FL 33990 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037.(10/02)

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: Cindy McLean (Cindy McLean) 4-9-03 239-337-7814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #