

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2002 8:00 am
Secretary of State

05-23-2002 90077 006 ****61.25

DOCUMENT # N30172

1. Entity Name

THE FLORIDA CHAPTER OF THE SOCIETY FOR SOCIAL WORK ADMINISTRATORS IN HEALTH CARE, INC.

Principal Place of Business

Mailing Address

5168 TENNIS LANE
DELRAY BEACH FL 33484-6635
US

5168 TENNIS LANE
DELRAY BEACH FL 33484-6635
US

2. Principal Place of Business

19195 MYSTIC POINTE Dr.
Suite, Apt. #, etc. #602

3. Mailing Address

19195 MYSTIC POINTE Dr.
Suite, Apt. #, etc. #602

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

U.S.A

Zip

33180

Country

U.S.A

4. FEI Number

59-2908776

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAUFMAN, MARY J
5168 TENNIS LANE
DELRAY BEACH FL 33484-6635

7. Name and Address of New Registered Agent

Name
JUDITH S. KESSLER
Street Address (P.O. Box Number is Not Acceptable)
19195 MYSTIC POINTE Dr. #602
City Aventura FL Zip Code 33180

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 *Judith S. Kessler*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-02

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	D	NAME	BUTTS, TERESA	STREET ADDRESS	1800 BARRS ST	CITY-ST-ZIP	JACKSONVILLE FL 32204	<input checked="" type="checkbox"/> Delete
TITLE	TD	NAME	KAUFMAN, MARY J	STREET ADDRESS	5168 TENNIS LANE	CITY-ST-ZIP	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/> Delete
TITLE	PD	NAME	NORRIS, MARY	STREET ADDRESS	1414 KUHLE AVENUE	CITY-ST-ZIP	ORLANDO FL 32812	<input checked="" type="checkbox"/> Delete
TITLE	VPD	NAME	COOK, CATHY	STREET ADDRESS	BOX 100306	CITY-ST-ZIP	GAINESVILLE FL 32610	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	PREWITT, CYNTHIA	STREET ADDRESS	PO BOX 6000	CITY-ST-ZIP	OCALA FL 32871	<input checked="" type="checkbox"/> Delete
TITLE	SD	NAME	HOSMAN, CATHY	STREET ADDRESS	7727 LAKE UNDERHILL ROAD	CITY-ST-ZIP	ORLANDO FL 32822	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Dist Director	NAME	Mary Norris	STREET ADDRESS	1414 Kuhl Ave.	CITY-ST-ZIP	Orlando, FL 32806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	NAME	JUDITH S. KESSLER	STREET ADDRESS	19195 MYSTIC POINTE DR. #602	CITY-ST-ZIP	AVENTURA FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Cathy Cook, PRESIDENT	NAME	Cathy Cook	STREET ADDRESS	Box 100306	CITY-ST-ZIP	Gainesville, FL 32610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SUSAN MANKITA Pres Elect	NAME	SUSAN MANKITA	STREET ADDRESS	14120 SW 7th Ave	CITY-ST-ZIP	Miami, FL 33158	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Secretary	NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Judith S. Kessler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-02 (305) 751-8626

CR2E037 (9/01)