

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35984

1. Entity Name

FLORIDA CHAPTER OF THE NATIONAL FLIGHT NURSES AS

Principal Place of Business

CINDY POWSER
682 TUSCORA DR
WINTER SPRINGS FL 32708
US

Mailing Address

CINDY POWSER
682 TUSCORA DR
WINTER SPRINGS FL 32708-3841
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

59-3021971

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

SUMMERS, DAVID A
231 MOCCASIN TRAIL LANE
JUPITER FL 33458-8028

Name

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

231 MOCCASIN TRAIL WEST

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 P ☐ Delete
NAME SUMMERS, DAVID
STREET ADDRESS 231 MOCCASIN TRAIL WEST
CITY-ST-ZIP JUPITER FL

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

TITLE V ☐ Delete
NAME SCOTT, JOHN
STREET ADDRESS 2 COLUMBIA DR
CITY-ST-ZIP TAMPA FL 33606

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

TITLE D ☐ Delete
NAME PEARCE, JOSEPH
STREET ADDRESS 4000 CONWAY PLACE CIR.
CITY-ST-ZIP ORLANDO FL

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

TITLE D ☐ Delete
NAME JORDAN, GLENN
STREET ADDRESS 6808 COLUMBIA AVE
CITY-ST-ZIP LAKE WORTH FL

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

TITLE ST ☐ Delete
NAME POWSER, CINDY
STREET ADDRESS 682 TUSCORA DR
CITY-ST-ZIP WINTER SPRINGS FL

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

TITLE D ☐ Delete
NAME DAVIS, PAULA
STREET ADDRESS 1924 SW 146TH ST
CITY-ST-ZIP NEWBERRY FL 32669

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 mar 2000 561.744.6942

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90028 042 ****70.00



DO NOT WRITE IN THIS SPACE