

FILED
Mar 06, 2003 8:00 am
Secretary of State

01-27-2003 90181 032 ****61.25

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

DOCUMENT # **N35984**

1. Entity Name

FL CHAPTER : AIR/SURFACE TRANSPORT NURSES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**JOHN SCOTT
13519 TRONTON DR
TAMPA FL 33626
US**

**JOHN SCOTT
13519 TRONTON DR
TAMPA FL 33626
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

**SCOTT, JOHN
13519 TRONTON DRIVE
TAMPA FL 33626**

Name **Nancy Hunter**

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

2073 Skimmer Ct. W # 211

City **Clearwater**

FL

Zip Code

33762

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/03

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 **P** ☐ Delete
NAME **SCOTT, JOHN**
STREET ADDRESS **13519 TRONTON DRIVE**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE **President** ☒ Change ☐ Addition
NAME **Kenly, Michelle**
STREET ADDRESS **880 Mandalay Ave 8705**
CITY-ST-ZIP **Clearwater, FL 33767**

TITLE **VP** ☐ Delete
NAME **KENLY, MICHELLE**
STREET ADDRESS **880 MANDALAY AVE #8705**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **VP** ☐ Change ☒ Addition
NAME **Maria Fernandez**
STREET ADDRESS **8125 S.W. 102nd Ave.**
CITY-ST-ZIP **Miami, FL 33173**

TITLE **D** ☒ Delete
NAME **SUMMERS, DAVID**
STREET ADDRESS **231 MOCCASIN TRAIL WEST**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **D** ☒ Change ☐ Addition
NAME **John Scott**
STREET ADDRESS **13519 Tronton Dr.**
CITY-ST-ZIP **Tampa, FL 33626**

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 **HUNTER, NANCY**
STREET ADDRESS **2073 SKIMMER CT W. #211**
CITY-ST-ZIP **CLEARWATER FL 33762**

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

TITLE **D** ☐ Delete
NAME **CHAMBERLAIN, KAREN**
STREET ADDRESS **538 OCEAN KEY**
CITY-ST-ZIP **KEY LARGO FL 33037**

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

1/22/03

Date

Daytime Phone #

CR2E037 (10/02)