

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90012 047 \*\*\*\*61.25

**DOCUMENT # N40188**  
 1. Entity Name  
**A O R N OF THE GULF COAST OF FLORIDA INC.**

Principal Place of Business      Mailing Address  
 289 JEAN T      289 JEAN ST  
 PALM HARBOR FL 34683      PALM HARBOR FL 34683-5002  
 US      US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 2525 H. ROYAL PINES CIR.      2525 H. ROYAL PINES CIRCLE  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**CLEARWATER**

City & State      City & State  
**FLORIDA**      **CLEARWATER, FL**

Zip      Country      Zip      Country  
**33763**      **USA**      **33763**      **USA**

4. FEI Number      Applied For  
**52-1706994**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HARDMAN, BETTY**  
**25225 H ROYAL PINES CIRCLE**  
**CLEARWATER FL 34623**

7. Name and Address of New Registered Agent  
 Name  
**D.A. BETTY HARDMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2525 H. ROYAL PINES CIRCLE**  
 City      State      Zip Code  
**CLEARWATER**      **FL**      **33763**

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 *Betty Hardman*      DATE *29 April 2000*  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCCLAIN, GREGORY</b> <b>5936 29AVE N</b> <b>ST PETERSBURG FL 33777</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JAMILOSA, EVELYN</b> <b>1325 WINDING BROOKWAY 1</b> <b>DUNEDIN FL 34698</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ALICE, HUME</b> <b>6000 MANGROVE ST N</b> <b>ST PETERSBURG FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ELLEN S. LUNDY</b> <b>10285 BARRY DR</b> <b>LARGO FL 32644</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARTER, MARGARET</b> <b>3048 52ND ST N</b> <b>GULFPORT FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPERA, PATRICE</b> <b>9411 125TH STREET</b> <b>SEMINOLE FL</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JAMILOSA EVELYN</b> <b>1325 WINDING BROOKWAY</b> <b>DUNEDIN FL. 34698</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STRATMAN, DORIS</b> <b>7266 ROSETREE PL. W.</b> <b>SEMINOLE FL 33772</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MARILYN GREEN</b> <b>1436 SAN JUAN CT</b> <b>CLEARWATER, FL 33756</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LEA, SANDRA</b> <b>289 JEAN ST.</b> <b>PALM HARBOR FL. 34683</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.A. BETTY HARDMAN</b> <b>2525 H. ROYAL PINES CIRCLE</b> <b>CLEARWATER FL 33763</b> <input checked="" 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: *Betty Hardman*      DATE: *29 April 2000*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)