

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90149 039 ****61.25

DOCUMENT # N40645

1. Entity Name

THE ASSOCIATION OF OPERATING ROOM NURSES OF TAMP

Principal Place of Business

Mailing Address

5207 WHITEWAY DR.
 TEMPLE TERRACE FL 33617

5207 WHITEWAY DR.
 TEMPLE TERRACE FL 33617-2809

2. Principal Place of Business

11324 BLACKBARK DR.

Suite, Apt. #, etc.

3. Mailing Address

11324 BLACKBARK DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Riverview Fla.

City & State

RIVERVIEW FLA.

4. FEI Number

59-2965696

Applied For

Not Applicable

Zip

Country

33569

Zip

Country

33569

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMMOND, CONNIE L.
 5207 WHITEWAY DR.
 TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name Hamilton, Trudy L.

Street Address (P.O. Box Number is Not Acceptable) 11324 BLACKBARK DR.

City RIVERVIEW

FL

Zip Code 33569

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 Trudy L. Hamilton (treasurer)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/2000

**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 **BD** Delete
 NAME **GREEN, KAREN**
 STREET ADDRESS **4423 TRANSUE DRIVE**
 CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE **BD** Delete
 NAME **DIXSON, LEDA**
 STREET ADDRESS **20 MARTINIQUE AVE.**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE **P** Delete
 NAME **HAMILTON, TRUDY**
 STREET ADDRESS **11324 BLACKBARK DR.**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **S** Delete
 NAME **ZIFFRA, KAREN**
 STREET ADDRESS **3601 LANDINGS WAY DR.**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **BD** Delete
 NAME **BOURGUIN, ELAINE M**
 STREET ADDRESS **324 LAXTON LANE**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE **T** Delete
 NAME **HAMMOND, CONNIE L.**
 STREET ADDRESS **5207 WHITEWAY DR.**
 CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SP** Change Addition
 NAME **Virginia Williams**
 STREET ADDRESS **10842 Peppersong Dr.**
 CITY-ST-ZIP **Riverview, Fla 33569**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Change Addition
 NAME **Hamilton Trudy L.**
 STREET ADDRESS **11324 BLACKBARK DR.**
 CITY-ST-ZIP **RIVERVIEW, FLA. 33569**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **President-Elect** Change Addition
 NAME **Hammond, Connie L.**
 STREET ADDRESS **5207 Whiteway DR.**
 CITY-ST-ZIP **Temple Terrace, Fla. 33617**

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: Trudy L. Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2000

813-251-7485

Date

Daytime Phone #