

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

**FILED**  
**Jul 07, 2003 8:00 am**  
**Secretary of State**

07-07-2003 90144 047 \*\*\*\*61.25

**DOCUMENT # N40645**

1. Entity Name  
**THE ASSOCIATION OF OPERATING ROOM NURSES OF TAMPA A BAY INC.**

Principal Place of Business: **15144 SPRINGVIEW TAMPA FL 33624**  
Mailing Address: **15144 SPRINGVIEW TAMPA FL 33624**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country

4. FEI Number **59-2965696** Applied For:  Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**SHORT, JOYCE**  
**15144 SPRINGVIEW STREET**  
**TAMPA FL 33624**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Joyce Short* DATE: **6/30/03**

(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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: HAMMOND, CONNIE STREET ADDRESS: 5207 WHITE WAY DR CITY-ST-ZIP: TAMPA FL	<input checked="" type="checkbox"/> Delete	TITLE: Secretary NAME: ludmila spreadlin STREET ADDRESS: 701 Kingswood Pl. CITY-ST-ZIP: Brandon, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: BD NAME: MOSER, KAREN STREET ADDRESS: 16316 SAMBOURNE LANE CITY-ST-ZIP: TAMPA FL 33647	<input type="checkbox"/> Delete	TITLE: President NAME: Moser, Karen STREET ADDRESS: 16316 Sambourne-lake CITY-ST-ZIP: Tampa FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: SHORT, JOYCE STREET ADDRESS: 15144 SPRINGVIEW CITY-ST-ZIP: TAMPA FL 33624	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: LEHMAN, BRANDY STREET ADDRESS: 3213 LUTZ LAKE FERN ROAD CITY-ST-ZIP: LUTZ FL 33549	<input type="checkbox"/> Delete	TITLE: President Elect NAME: Lehman Brandy STREET ADDRESS: 3213 Lutz Lake Fern Rd. CITY-ST-ZIP: Lutz FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: BD NAME: DOYLE, MAUREEN STREET ADDRESS: 5255 COQUINA KEY DR CITY-ST-ZIP: SAINT PETERSBURG FL 33705	<input checked="" type="checkbox"/> Delete	TITLE: Board NAME: Jennifer Acosta STREET ADDRESS: 1115 S. Lithia Pinecrest Rd. CITY-ST-ZIP: Brandon, Florida 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: BD NAME: DRAPER, MARY FRANC STREET ADDRESS: 2603 CAZUMEL DRIVE CITY-ST-ZIP: TAMPA FL 33618	<input type="checkbox"/> Delete	TITLE: _____ 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: *Joyce Short, Treasurer* DATE: **6/30/03**

CR2E037 (10/02)