

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90152 039 \*\*\*\*61.25

**DOCUMENT # N42070**

1. Entity Name

**THE ASSOCIATION OF OPERATING ROOM NURSES OF NORT**

Principal Place of Business

6404 COLGATE RD  
JACKSONVILLE FL 32217  
US

Mailing Address

6404 COLGATE RD  
JACKSONVILLE FL 32217  
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

**74-2653838**

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

**LARSON, MARGARET**  
**4035 BUCKSKIN TR E**  
**JACKSONVILLE FL 32277**

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.

SIGNATURE MARGARET LARSON

1-26-01

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 **DP** ☒ Delete  
NAME **VALOZINOS, CONSTANCE L**  
STREET ADDRESS **8184 FT LEE TRAIL**  
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **DP** ☒ Change ☐ Addition  
NAME **LONG, ANN W.**  
STREET ADDRESS **13888 Hanover Park Ct.**  
CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE **DPE** ☐ Delete  
NAME **BICOLAS, SUSAN E**  
STREET ADDRESS **6404 COLGATE RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **D** ☒ Change ☐ Addition  
NAME **BROOKS, Susan E.**  
STREET ADDRESS **6404 Colgate Rd.**  
CITY-ST-ZIP **Jacksonville, FL 32217**

TITLE **DV** ☐ Delete  
NAME **LONG, ANN W**  
STREET ADDRESS **13888 HANOVER PARK CT**  
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **D** ☐ Change ☐ Addition  
NAME **PROKUP, DEBORAH**  
STREET ADDRESS **1525 Shedd Rd.**  
CITY-ST-ZIP **Greenwich Springs FL 32043**

TITLE **DT** ☐ Delete  
NAME **LARSON, MARGARET**  
STREET ADDRESS **4035 BUCKSKIN TR E**  
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **D** ☐ Change ☐ Addition  
NAME **LARSON, MARGARET**  
STREET ADDRESS **4035 Buckskin Tr. E**  
CITY-ST-ZIP **Jacksonville, FL 32277**

TITLE **D** ☐ Delete  
NAME **KROEGER, PAMELA**  
STREET ADDRESS **1527 VISTA COVE RD**  
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE **D** ☒ Change ☐ Addition  
NAME **KRUEGER, PAMELA**  
STREET ADDRESS **1527 Vista Cove Rd.**  
CITY-ST-ZIP **St Augustine, FL 32095**

TITLE **D** ☐ Delete  
NAME **CONNELLY, LINDA K**  
STREET ADDRESS **650 TALLWOOD RD**  
CITY-ST-ZIP **JAX BCH FL 32250**

TITLE **DS** ☒ Change ☐ Addition  
NAME **CONNELLY, LINDA K.**  
STREET ADDRESS **650 TALLWOOD RD.**  
CITY-ST-ZIP **JAX BCH FL 32250**

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

1-26-01

904 733-8889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)