

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90045 040 \*\*\*\*61.25

000-0276

**DOCUMENT # N42070**

1. Entity Name  
**THE ASSOCIATION OF OPERATING ROOM NURSES OF NORTHEAST FLORIDA, INC.**

Principal Place of Business 6404 COLGATE RD JACKSONVILLE FL 32217 US	Mailing Address 6404 COLGATE RD JACKSONVILLE FL 32217 US
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>74-2653838</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**LARSON, MARGARET**  
**4035 BUCKSKIN TR E**  
**JACKSONVILLE FL 32277**

7. Name and Address of New Registered Agent  
 Name **KRUEGER, PAMELA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1527 VISTA COVE RD**  
 City **ST. AUGUSTINE** FL Zip Code **32084**

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 *Pamela Krueger, Treasurer* DATE **3-26-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>LONG, ANN N</b>	
STREET ADDRESS	<b>13888 HANOVER PARK CT.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROOKS, SUSAN E</b>	
STREET ADDRESS	<b>6404 COLGATE RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32217</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LONG, ANN W</b>	
STREET ADDRESS	<b>13888 HANOVER PARK CT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LARSON, MARGARET</b>	
STREET ADDRESS	<b>4035 BUCKSKIN TR E</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32277</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KRUEGER, PAMELA</b>	
STREET ADDRESS	<b>1527 VISTA COVE RD</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32095</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>CONNELLY, LINDA K</b>	
STREET ADDRESS	<b>650 TALLWOOD RD</b>	
CITY-ST-ZIP	<b>JAX BCH FL 32250</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VALARINOS, Connie</b>	
STREET ADDRESS	<b>8184 FORT LEE TRAIL</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32244</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>32084</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ann Long* **ANN LONG** **Ann Long, President** DATE **3-26-02** (904) 202-500

CR2E037 (9/01)