

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90554 045 ****61.25

DOCUMENT # N44422

1. Entity Name
FLORIDA LEAGUE FOR NURSING, INC.



Principal Place of Business

P. O. BOX 536985
ORLANDO FL 32853-6985
US

Mailing Address

P. O. BOX 536985
ORLANDO FL 32853-6985
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3077137**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTORELLA, CHRISTOPHER
1426 NW 117 TERR
GAINESVILLE FL 32606

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	POLK, MARYDELLE	
STREET ADDRESS	8321 BOUNTY RD	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, CAROLYN	
STREET ADDRESS	1530 NW 5 ST	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	P	<input type="checkbox"/> Delete
NAME	WASHINGTON-BROWN, LINDA J	
STREET ADDRESS	3701 CHESTNUT ST H-41	
CITY-ST-ZIP	PHILADELPHIA PA 19104	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PARACHMENT, YVONNE	
STREET ADDRESS	12281 SW 144 TERR	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LABADIE, ROBERT DR	
STREET ADDRESS	15800 NW 42ND AVE	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTORELLA, CHRISTOPHER	
STREET ADDRESS	1426 NW 117 TERR	
CITY-ST-ZIP	GAINESVILLE FL 32606	

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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO BOX 172706	
STREET ADDRESS	HIALEAH, FL 33017	
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNE, KRIMSLEY, VALERIE	
STREET ADDRESS	1519 CLEARLAKE RD	
CITY-ST-ZIP	COCOA, FL 32922	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRCHILD, SUSAN	
STREET ADDRESS	1451 W FAIRWAY RD	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	MARTORELLA	<input checked="" 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:

CHRISTOPHER MARTORELLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-03 352 265-0183

Date

Daytime Phone #

CR2E037 (10/02)