

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90006 022 ****61.25

DOCUMENT # N48589

1. Entity Name

FLORIDA ADVOCATES FOR NURSING HOME IMPROVEMENT, INC.

Principal Place of Business

**6023 S. SECOND STREET
TAMPA FL 33611-4707**

Mailing Address

**6023 S. SECOND STREET
TAMPA FL 33611-4707**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3124945

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KNOX, MICHAEL A
6023 S. SECOND STREET
TAMPA FL 33611-4707**

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

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 **P** ☐ Delete
NAME **GORALE, MARY**
STREET ADDRESS **10955 W. VILLA MONTE DR**
CITY-ST-ZIP **MUKILTEO WA 98275**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **GORALEWSKI, DAN**
STREET ADDRESS **P O BOX 735**
CITY-ST-ZIP **PENDLETON OR 97801**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **PACINI, CHRISTINE M.**
STREET ADDRESS **35910 JOHNSTOWN ROAD**
CITY-ST-ZIP **FARMINGTON HILLS MI 48335**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **MICHAEL A. KNOX**
STREET ADDRESS **6023 S 2ND ST**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCLEAN, KEVIN**
STREET ADDRESS **2909 W BAY TO BAY BLVD**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SPINELLA, ANNA**
STREET ADDRESS **4714 EUCLID AVE**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

1-13-02

813-831-0689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)