

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90120 040 ****61.25

0084068

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

Zip

Country

Zip

Country

4. FEI Number **59-3124945**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	GORALE, MARY	
STREET ADDRESS	10955 W. VILLA MONTE DR	
CITY-ST-ZIP	MUKILTEO WA 98275	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GORALEWSKI, DAN	
STREET ADDRESS	P O BOX 735	
CITY-ST-ZIP	PENDLETON OR 97801	
TITLE	S	<input type="checkbox"/> Delete
NAME	PACINI, CHRISTINE M	
STREET ADDRESS	35910 JOHNSTOWN ROAD	
CITY-ST-ZIP	FARMINGTON HILLS MI 48335	
TITLE	T	<input type="checkbox"/> Delete
NAME	MICHAEL A. KNOX	
STREET ADDRESS	6023 S 2ND ST	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCLEAN, KEVIN	
STREET ADDRESS	2909 W BAY TO BAY BLVD	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPINELLA, ANNA	
STREET ADDRESS	4714 EUCLID AVE	
CITY-ST-ZIP	TAMPA FL 33629	

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 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 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:

SIGNATURE REQUIRED

4-30-03

813-258-1668

CR2E037 (10/02)