

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49824

1. Entity Name

SEXUAL ASSAULT NURSE EXAMINERS, INC.

Principal Place of Business

1910 MATHIS RD
ST CLOUD FL 34771
US

Mailing Address

1910 MATHIS RD
ST CLOUD FL 34771-8506
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEOFF, PAMELA
1910 MATHIS RD
ST CLOUD FL 34771

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VPST	BEDNAR, JUDITH	3236 TIMUCUA CR	ORLANDO FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	STEOFF, PAM	1910 MATHIS RD	ST CLOUD FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MIRANTI, JOSEPH	714 W. BRYAN STREET	KISSIMMEE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	EDDY, DONNA	20 S. ROSE, SUITE 2	KISSIMMEE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	PATEL, BARRY	591 OAK COMMONS BLVD, SUITE	KISSIMMEE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90080 010 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3133488

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

CR2E037 (9/99)