

2001 UNIFORM BUSINESS REPORT (UBR)

00 - 72

DOCUMENT # N49824

1. Entity Name

SEXUAL ASSAULT NURSE EXAMINERS, INC.

FILED

01 SEP 25 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1910 MATHIS RD
ST CLOUD FL 34771
US

Mailing Address

1910 MATHIS RD
ST CLOUD FL 34771
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3133488

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

STEIOFF, 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)

9/10/01

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 VPST ☐ Delete
NAME BEDNAR, JUDITH
STREET ADDRESS 3236 TIMUCUA CR
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME 300004621099--4
STREET ADDRESS -10/03/01--01021--006
CITY-ST-ZIP *****263.75 *****263.75

TITLE P ☐ Delete
NAME STEIOFF, PAM
STREET ADDRESS 1910 MATHIS RD
CITY-ST-ZIP ST CLOUD FL

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

TITLE D ☐ Delete
NAME MIRANTI, JOSEPH
STREET ADDRESS 714 W. BRYAN STREET
CITY-ST-ZIP KISSIMEE FL

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

TITLE D ☐ Delete
NAME EDDY, DONNA
STREET ADDRESS 20 S. ROSE, SUITE 2
CITY-ST-ZIP KISSIMEE FL

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

TITLE D ☐ Delete
NAME PATEL, BARRY
STREET ADDRESS 591 OAK COMMONS BLVD, SUITE
CITY-ST-ZIP KISSIMEE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 of Pamela Steioff

9/10/01 467-881-7594

CR2E037 (5/01)