

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90431 033 ****61.25

DOCUMENT # N93000003622

1. Entity Name

FLORIDA ORGANIZATION OF NURSE EXECUTIVES FOUNDAT

Principal Place of Business

Mailing Address

307 PARK LAKE CR
 ORLANDO FL 32803
 US

PO BOX 533992
 ORLANDO FL 32853-3992
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3225580

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

TORRES, YVONNE M
307 PARK LAKE CIRCLE
ORLANDO FL 32803

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:

SEE 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	PPD	<input checked="" type="checkbox"/> Delete
NAME	LANFORD, ALICE	
STREET ADDRESS	307 PARK LAKE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CARVER, NETTE	
STREET ADDRESS	307 PARK LAKE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	PED	<input type="checkbox"/> Delete
NAME	HARDESTY, PAMELA	
STREET ADDRESS	307 PARK LAKE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	TD	<input type="checkbox"/> Delete
NAME	O'LEARY, LINDA	
STREET ADDRESS	307 PARK LAKE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAREIGIS, JOYCE	
STREET ADDRESS	307 PARK LAKE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, JENNIFER	
STREET ADDRESS	307 PARK LAKE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE	Pres. Elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phyllis Watson	
STREET ADDRESS	same	
CITY-ST-ZIP	same	
TITLE	Past President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	same	
STREET ADDRESS	same	
CITY-ST-ZIP	same	
TITLE	president	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	same	
STREET ADDRESS	same	
CITY-ST-ZIP	same	
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 on Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Yvonne Torres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Yvonne Torres 4/27/00 4269000

CR2E037 (9/99)