

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90182 007 ****61.25

DOCUMENT # N93000003622

1. Entity Name

FLORIDA ORGANIZATION OF NURSE EXECUTIVES FOUNDATION, INC.

Principal Place of Business

Mailing Address

**307 PARK LAKE CR
 ORLANDO FL 32803
 US**

**PO BOX 533992
 ORLANDO FL 32853
 US**

004044

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

59-3225580

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**TORRES, YVONNE M
 307 PARK LAKE CIRCLE
 ORLANDO FL 32803**

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	PPD	<input checked="" type="checkbox"/> Delete
NAME	HARDESTY, PAM	
STREET ADDRESS	307 PARK LAKE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WATSON, PHYLLIS	
STREET ADDRESS	307 PARK LAKE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	PPD	<input type="checkbox"/> Delete
NAME	REED, SUE	
STREET ADDRESS	307 PARK LAKE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCOY, JAN	
STREET ADDRESS	307 PARK LAKE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FANSLER, JAN	
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	PPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Clark	
STREET ADDRESS	307 Park Lake Circle	
CITY-ST-ZIP	Orlando FL 32803	
TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watson, Phyllis	
STREET ADDRESS	(Same)	
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sue Reed	
STREET ADDRESS	(Same)	
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		

CR2E037 (9/01)

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

Sue Reed
Sue Reed

Yvonne Torres
Yvonne Torres

4/26/02
4/26/02

Date

Daytime Phone #