

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 22, 2000 08:00 AM  
Secretary of State

DOCUMENT # N93000005091

1. Entity Name

CANADIAN NURSES IN FLORIDA, INC.

Principal Place of Business

3400 S. TAMiami TRAIL  
STE. 301  
SARASOTA  
34239

FL

US

Mailing Address

2198 MAIN ST

SARASOTA

34237

US

FL

2. Principal Place of Business

2198 MAIN STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA

FL

City & State

SARASOTA

FL

Zip

34237

Country

US

Zip

34237

Country

US

4. FEI Number

65-0503986

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JAENSCH PETER J  
2198 MAIN ST

SARASOTA

34237

FL

US

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

03/22/2000

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

TITLE D ☐ Delete  
NAME WOOLLEY DEAN  
STREET ADDRESS 6673 ST. JAMES CROSS  
CITY-ST-ZIP UNIVERSITY PARK FL 34201

TITLE PD ☐ Delete  
NAME JAENSCH PETER J  
STREET ADDRESS 2198 MAIN ST  
CITY-ST-ZIP SARASOTA FL 34237

TITLE D ☐ Delete  
NAME RODGERS CHERI  
STREET ADDRESS 2198 MAIN ST  
CITY-ST-ZIP SARASOTA FL 34237

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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.