

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90244 029 \*\*\*\*61.25

**DOCUMENT # N94000001847**

1. Entity Name

**CONRADINA CHAPTER, F.N.P.S., INC.**

Principal Place of Business

**2112 S HELEN ST  
 MELBOURNE FL 32901**

Mailing Address

**PO BOX 1543  
 MELBOURNE FL 32902-1543**

2. Principal Place of Business

Suite, Apt., #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt., #, etc.

City & State

Zip

Country

4. FEI Number

**59-3251333**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DONALDSON, CAMERON  
 2112 S HELEN ST  
 MELBOURNE FL 32901**

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)

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

TITLE **PD** ☐ Delete  
 NAME **STEUART, MARTHA**  
 STREET ADDRESS **996 VEVADA DRIVE NE**  
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **V** ☐ Delete  
 NAME **LUSHEFSKI, EDMUND**  
 STREET ADDRESS **1165 SANDUNE LANE #103**  
 CITY-ST-ZIP **MELBOURNE FL 32935-5262**

TITLE **TD** ☒ Delete  
 NAME **MCLENDON, TRAVIS**  
 STREET ADDRESS **3385 KENT DRIVE**  
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **TD** ☐ Delete  
 NAME **LOWRY, PAUL**  
 STREET ADDRESS **1824 POINSETTA BLVD**  
 CITY-ST-ZIP **MELBOURNE FL 32901-4221**

TITLE **S** ☒ Delete  
 NAME **GLANN-SMYTH, DONNA**  
 STREET ADDRESS **2692 LORNA DRIVE**  
 CITY-ST-ZIP **MELBOURNE FL 32935-2844**

TITLE **DD** ☐ Delete  
 NAME **DONALDSON, CAMERON**  
 STREET ADDRESS **2112 S. HELEN STREET**  
 CITY-ST-ZIP **MELBOURNE FL 32901**

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 **MacClendon, Travis**  
 STREET ADDRESS **3385 Kent Drive**  
 CITY-ST-ZIP **Melbourne, FL 32935**

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

TITLE ☐ Change ☒ Addition  
 NAME **Dolan, Sharon**  
 STREET ADDRESS **2395 Maple STREET**  
 CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

TITLE ☒ Change ☐ Addition  
 NAME **Donaldson, Cameron**  
 STREET ADDRESS **2112 S. Helen Street**  
 CITY-ST-ZIP **MELBOURNE, FL 32901**

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: *Paul G. Lockery* Treasurer Aug 27, 2001 (321)723-1244

CR2007 (5/01)