

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90633 050 \*\*\*\*61.25

**DOCUMENT #** N94000006033

1. Entity Name

Tampa Bay Chapter, The American Association of Nurse Attorneys, Inc.

Principal Place of Business

13577 Feather Sound Drive  
 Suite 300  
 Clearwater, FL 34622  
 US

Mailing Address

14802 N. Dale Mabry Hwy  
 Suite 333  
 33618  
 US

2. Principal Place of Business

205 N. Parsons Ave.

Suite, Apt. #, etc.

Suite A

City & State

Brandon, FL

3. Mailing Address

P.O. Box 24064

Suite, Apt. #, etc.

City & State

Tampa, FL

4. FEI Number

59-3281657

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

Mikos, Cynthia A.  
 205 N. Parsons Ave.  
 Brandon, FL 33510-4515

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**

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 NAME STREET ADDRESS CITY-ST-ZIP	SD Lark, Kenneth W. 1732 Mannetee Ave. W. Bradenton, FL 34205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dikos Mikos, Cynthia 205 N. Parsons Ave. Brandon, FL 33510-4515	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kenna, Joanne 5401 W. Kennedy Blvd. STE 800 Tampa, FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Schurfranz, Peggy 1713 Mannetee Ave. W. Bradenton, FL 34205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Collins, Suzanne 401 S. Albany Ave. Tampa, FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dean, Karen 201 E. Kennedy Blvd. STE 1950 Tampa, FL 33602	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (1/1/00)

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:

*Suzanne Elizabeth Collins*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Treasurer*

5/16/01

813-254-  
 9117

Date

Daytime Phone #