

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90088 038 ****61.25

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1. Entity Name

**TAMPA BAY CHAPTER, THE AMERICAN ASSOCIATION OF N
URSE ATTORNEYS, INC.**



Principal Place of Business

**205 N PARSON AVE
SUITE A
BRANDON FL 33510-4515
US**

Mailing Address

**PO BOX 24064
TAMPA FL 33623-4064
US**

33001262



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3281657**

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

**MIKOS, CYNTHIA A
205 N PARSONS AVE
BRANDON FL 33510-4515**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
NAME **LARK, KENNETH W**
STREET ADDRESS **1732 MANNETEE AVE**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **MIKOS, ESQ C A**
STREET ADDRESS **205 N PARSONS AVE., STE A**
CITY-ST-ZIP **BRANDON FL 33510-4515**

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KENNA, JOANNE**
STREET ADDRESS **5401 WEST KENNEDY BOULEVARD #800**
CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE **D** ☐ Delete
NAME **DEAN, KAREN**
STREET ADDRESS **201 E KENNEDY BLVD, SUITE 1950**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **Vice President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **COLLINS, SUZANNE**
STREET ADDRESS **401 SOUTH ALBANY AVE.**
CITY-ST-ZIP **TAMPA FL**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **MONTAGNO, JOAN**
STREET ADDRESS **527 DABERTY SQUARE**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **Secretary** ☒ 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.

SIGNATURE:

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

813-254-9117

CR2E037 (10/02)