

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005555

1. Entity Name

CENTRAL FLORIDA ADVANCED NURSING PRACTICE COUNCI

Principal Place of Business

Mailing Address

C/O CAROL PUBLICOVER
849 POST LANE
ORLANDO FL 32804

C/O CAROL PUBLICOVER
849 POST LANE
ORLANDO FL 32804-3037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3280344

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

PUBLICOVER, CAROL
849 POST LANE
ORLANDO FL 32804

Name

DARLENE FRITSMA

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

1405 Hyde Park Drive

City

Winter Park

FL

Zip Code

32792

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

DARLENE FRITSMA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/00

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 PD ☒ Delete
NAME BUECKER, CONNIE
STREET ADDRESS 3535 MACARTHUR DR.
CITY-ST-ZIP ORLANDO FL 32806

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

TITLE ~~VPR~~ PD ☐ Delete
NAME KOCH-PARRISH, SHARON
STREET ADDRESS 1315 BRIDGEPORT DR.
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE TD ☐ Delete
NAME SPERANZA, LINDA
STREET ADDRESS 326 SHADOW BAY BLVD. N
CITY-ST-ZIP LONNGWOOD FL 32779

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

TITLE ~~SD~~ VP D ☐ Delete
NAME FRITSMA, DARLENE
STREET ADDRESS 1405 HYDE PARK DR.
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE SD ☐ Delete
NAME KOSTENBAUDER, MARY
STREET ADDRESS 10946 MCCULLOCH RD.
CITY-ST-ZIP OVIEDO, FL 32765

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

TITLE ☐ Delete
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00

Date

407 679 7240

Daytime Phone #

CR2E037 (9/99)