5/1

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 27, 2001 8:00 am**
**Secretary of State**
05-11-2001 90310 026 ****61.25

DOCUMENT #N95000005555

1. Entity Name
CENTRAL FLORIDA ADVANCED NURSING PRACTICE COUNCIL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| | |

[redacted]

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| c/o DARLENE FRITSMA | |
| Suite, Apt. #, etc.: 1405 Hyde Park DR | Suite, Apt. #, etc. |
| City & State: Winter Park FL | City & State |
| Zip: 32792 Country: Orange | Zip Country |

4. FEI Number: 59-3280344 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| DARLENE FRITSMA<br>1405 Hyde Park DR<br>Winter Park, FL 32792 | (P.O. Box number is Not Acceptable)<br>FL Zip |

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 President — 4/26/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
PRESIDENT - DARLENE FRITSMA

| 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 | PD<br>SHARON KAUL-PARISH<br>1315 BRIDGEPORT DR<br>WINTER PARK, FL 32789 ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DARLENE FRITSMA<br>1405 Hyde Park DR<br>WINTER PARK, FL 32792 ☑ Change NEW ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>DARLENE FRITSMA<br>1405 Hyde Park DR<br>WINTER PARK, FL 32792 ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>Colleen Robin<br>9115 Lake Mabel DR<br>Orlando, FL 32836 ☑ Change NEW ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>LINDA SPERANZA<br>326 Shadow Bay Blvd-N<br>Longwood, FL 32779 ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Lou Anna Smolinski<br>2113 Palm View Dr<br>Apopka, FL 32712 ☑ Change NEW ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MARY KOSTENBAUDER<br>10446 McCulloch Rd<br>Oviedo, FL 32765 ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Sally Miller<br>1221 Loren Ave Winter Park FL 32789<br>SALLYANN@IA9.net ☑ Change NEW ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (11/00)

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: Darlene Fritsma President — 407-245-5951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Pres - Darlene Fritsma