

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90075 031 \*\*\*\*61.25

**DOCUMENT # N95000005555**

1. Entity Name

**CENTRAL FLORIDA ADVANCED NURSING PRACTICE COUNCIL, INC.**

Principal Place of Business

Mailing Address

**C/O DARLENE FRITSMA  
 1405 HYDE PARK DRIVE  
 WINTER PARK FL 32792**

**C/O DARLENE FRITSMA  
 1405 HYDE PARK DRIVE  
 WINTER PARK FL 32792**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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  
 1405 HYDE PARK DR  
 WINTER PARK FL 32792**

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.

TITLE **SD** ☐ Delete  
 NAME **MILLER, SALLY**  
 STREET ADDRESS **1221 LOUN AVENUE**  
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD** ☐ Delete  
 NAME **FRITSMA, DARLENE**  
 STREET ADDRESS **1405 HYDE PARK DR.**  
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
 NAME **ROBIN, COLLEEN**  
 STREET ADDRESS **9115 LAKE MABEL DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32836**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **SMOLOND, LOU ANNA**  
 STREET ADDRESS **2113 PALM VIEW DRIVE**  
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

*Bridges, Sharon*  
*1111 Arbor Hills Cir*  
*Clermont, FL 34711*

*Roblin, Colleen*  
*9115 Lk. Mabel Dr.*  
*Orlando, FL 32836*

*Miller, Sally*  
*207 4th Street*  
*Winter Garden FL 34787*

*Santaguida, Jean*  
*200 Sweet Bay Lane*  
*Orlando, FL 32835*

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:

*Jean M. Santaguida*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-29-02 407 650-1300*

Date

Daytime Phone #

CR2E037 (9/01)