

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

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90135 037 *****61.25

DOCUMENT # N95000005555

1. Entity Name

CENTRAL FLORIDA ADVANCED NURSING PRACTICE COUNCIL, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Laura E Dyer
Suite, Apt. #, etc.
169 Hidden Pointe Lane
City & State
Groveland FL

3. Mailing Address

Shore
Suite, Apt. #, etc.
City & State



☐ CHECK HERE IF MAKING CHANGES

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

~~DARLENE FRITSMA~~
~~1405 HYDE PARK DR~~
~~WINTER PARK FL 32792~~

Laura E Dyer
169 Hidden Pointe Lane
Groveland, FL 34736

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

SIGNATURE *Laura E Dyer*

1-17-03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRIDGES, SHARON 1111 ARBOR HILLS CIR CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBLIN, COLLEEN 9115 LAKE MABEL DR ORLANDO FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, SALLY 207 4TH STREET WINTER GARDEN FL 34787	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANTAGUIDA, JEAN 200 SWEET BAY LANE ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Laura E Dyer*

1-17-03 407492-2334

CR2E037 (10/02)