

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004267

1. Entity Name

AMERICAN ASSOCIATION OF MANAGED CARE NURSES, TAM

**FILED**  
May 10, 2000 8:00 am  
Secretary of State

05-10-2000 90112 002 \*\*\*\*61.25

Principal Place of Business	Mailing Address
6290 BAHIA DEL MAR CIRCLE TH-20 SAINT PETERSBURG FL 33715 US	6290 BAHIA DEL MAR CIRCLE TH-20 SAINT PETERSBURG FL 33715-3310 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4801 Osprey Dr S. Suite, Apt. #, etc. #509 City & State St. Petersburg FL	4801 Osprey Dr S Suite, Apt. #, etc. #509 City & State St. Petersburg
Zip 33771	Country US

4. FEI Number	Applied For
59-3496058	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

SPERATO, MICHAEL  
7941 LAKE ST JAMES LANE  
ODESSA FL 33556-1918

7. Name and Address of New Registered Agent

Name Gene Bundrock  
Street Address (P.O. Box Number is Not Acceptable)  
12312 92nd St. N.  
City Largo FL Zip Code 33773

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 Gene Bundrock Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4-24-00

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOVETT, RUTH 1290 EDENVILLE AVE. CLEARWATER FL 33764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda Reimer - Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4801 Osprey Dr. S. #509 St. Petersburg FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE BUNDROCK, GENE 12312 92ND ST N LARGO FL 33773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jay Pike Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11389 102nd Ave N Largo FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COHEN, PATRICIA 1373 SANDELWOOD DR DUNEDIN FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROTH, MIKE P.O. BOX 659 LARGO FL 33779 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD LINDA REIMER 4801 Osprey Drives. ST. Petersburg, FL 33711</del> <input type="checkbox"/> Delete	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"/> Delete	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: JOY PIKE SIGNATURE REQUIRED DATE 4-24-00 DAYTIME PHONE 727-586-4432

CR2E037 (9/99)