2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
04-05-2001 90018 026 ****61.25

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1. Entity Name

FLORIDA ASSOCIATION OF NURSE ASSISTANTS, INC.

Principal Place of Business	Mailing Address
157 AUDUBON CT. SE WINTER HAVEN FL 33884	6039 CYPERESS GARDENS BLVD #266 WINTER HAVEN FL 33884 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5890 Cypress Gardens Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, FL.	City & State
Zip: 33884 Country: U.S.A.	Zip Country

4. FEI Number 59-3485924 ☐ 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
CARLETON-BUCHER, MARGARET T 157 AUDUBON CT. SE WINTER HAVEN FL 33884	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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KARR, LORA 295 S RAMONA AVE LAKE ALFRED FL 33850	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S D DONNA BARTON 1317 E 2nd St. Mt DORA, FL. 32757
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT CARLETON-BUCHER, MARGARET T 157 AUDUBON CT WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DR MARY ANN FRITZ 2001 N. TERRINGTON AVON PARK, FL. 33825
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HORZEWSKICNA, ELIZABETH 106 JADE WAY LAKE PLACID FL 33852	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Maggie Lazarine 2614 LAKELAND HILLS BLVD Lakeland, FL. 33805
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, KRISTINE 731 BUTTERNUT PL LAKELAND FL 33813	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sheri Seymour 128 Valencia St. Winter Haven, FL. 33880
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENT, YOLANDA PO BOX 1885 WINTER HAVEN FL 33883	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARIA TREVINO Box 2498 Hebb Rd. Auburndale, FL. 33823
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WORRELL, JEANETTE CNA/HHA 1002 W CHERRY ST PLANT CITY FL 33566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES TRUSS III 1240 Padgett Lady Lake, FL. 32159

CR2E037 (10/00)

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: Margaret T Carleton-Bucher (SIGNATURE REQUIRED) 4-2-01 863-318-8495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #