

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/27/00-90101-001-\$61.25-\$61.25

DOCUMENT # N98000000202

1. Entity Name

PUBLIC HEALTH NURSING LEADERSHIP: C.A.S.E., INC.

FILED

00 MAR -2 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

DEPT OF HLTH/PERFORMANCE IMPRVMT  
2002 OLD ST AUGUSTINE RD. BLDG D  
TALLAHASSEE FL 32301

DEPT OF HLTH/PERFORMANCE IMPRVMT  
2002 OLD ST AUGUSTINE RD. BLDG D  
TALLAHASSEE FL 32301-4881

2. Principal Place of Business

3. Mailing Address

2020 Capital Circle S.E.

2020 Capital Circle S.E.

Suite, Apt. #, etc.  
BIN C-24

Suite, Apt. #, etc.  
BIN C-24

City & State  
Tallahassee FL

City & State  
Tallahassee FL

Zip  
32399-1711

Zip  
32399-1711

Country  
USA

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3503170

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

DETTIS, JOHNNA  
4126 STAG RUN COURT  
TALLAHASSEE FL 32311

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 PD  
NAME VON WINDEGUTH, BARBARA  
STREET ADDRESS 1290 GOLFVIEW AVE  
CITY-ST-ZIP BARTOW FL 33830  Delete

TITLE D  
NAME Patricia Dobbins, RN MS  
STREET ADDRESS Hendry County Health Dept (Pres.)  
CITY-ST-ZIP 325 Pratt Blvd  
Lakeland, FL 33935  Change  Addition

TITLE D  
NAME HILL, DEBORAH  
STREET ADDRESS 2421 SW 6TH AVE.  
CITY-ST-ZIP FORT LAUDERDALE FL 33315  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE D  
NAME DETTIS, JOHNNA (Treasurer)  
STREET ADDRESS 4126 STAG RUN COURT  
CITY-ST-ZIP TALLAHASSEE FL 32311  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

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

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: *Johnna Dettis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00  
1/10/00 (850) 245-4444  
X2343  
Date Daytime Phone #

CR2E037 (9/99)