

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90224 018 ****61.25

DOCUMENT # N99000001640
 1. Entity Name NORTHEAST FLORIDA ASSOCIATION
of OCCUPATIONAL HEALTH
Nurses, Inc

Principal Place of Business Mailing Address

2. Principal Place of Business JACKSONVILLE FL 3. Mailing Address 110 ROSS RD
 Suite, Apt. #, etc. 110 Ross Rd Suite, Apt. #, etc.

City & State SATSUMA FL City & State SATSUMA FL

Zip 32189-0581 Country USA Zip 32189-0581 Country USA

4. FEI Number 593605400 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Scott Roberts, Esq.
1400 W. FAIRBANKS AV.
Suite 204
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent
 Name Scott Roberts, Esq.
 Street Address (P.O. Box Number is Not Acceptable) 37 North Orange Av
Suite 200
 City Orlando FL Zip Code 32801

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 (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW FEE IS \$61.25 Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE	<u>DIRECTOR</u> <input type="checkbox"/> Delete
NAME	<u>CASSELL, GAIL</u>
STREET ADDRESS	<u>4215 HARBOUR ISLAND DR.</u>
CITY-ST-ZIP	<u>JACKSONVILLE FL 32225</u>
TITLE	<u>PRESIDENT</u> <input type="checkbox"/> Delete
NAME	<u>Booth, Betty</u>
STREET ADDRESS	<u>5345 Edenfield Rd</u>
CITY-ST-ZIP	<u>JACKSONVILLE FL 32271</u>
TITLE	<u>Vice President</u> <input type="checkbox"/> Delete
NAME	<u>COX, Rachael</u>
STREET ADDRESS	<u>2639 TRELEASE COPE LN</u>
CITY-ST-ZIP	<u>JACKSONVILLE FL 32224</u>
TITLE	<u>TREASURER</u> <input type="checkbox"/> Delete
NAME	<u>Roberts, Linda</u>
STREET ADDRESS	<u>110 Ross Rd</u>
CITY-ST-ZIP	<u>SATSUMA FL 32189</u>
TITLE	<u>SECRETARY</u> <input type="checkbox"/> Delete
NAME	<u>Russell, Stephanie N.</u>
STREET ADDRESS	<u>4006 Glenhurst Dr N.</u>
CITY-ST-ZIP	<u>JACKSONVILLE FL 32224</u>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: B. Booth - Betty Booth, President Date 5/24/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

A0072383

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)

9046931253

NEFAOHN

North East Florida Association of Occupational Health Nurses

Attachment
D#N9900001046
A0072383

May 24, 2001

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir,

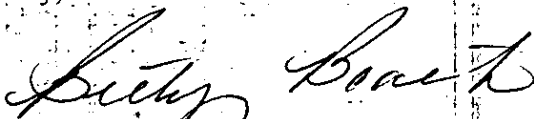
Please accept the enclosed 2001 Uniform Business Report from our organization, Northeast Florida Association of Occupational Health Nurses, Inc.

The current officers have just realized that we never received the form for filing. Unfortunately with the change of officers and this being the first time of filing, we thought the report had been previously filed.

Please accept our apologies for the delay. To prevent a further delay, I am enclosing my personal check for \$61.25 for the required fee.

Thank you for your understanding

Sincerely,



Betty K. Booth, RN, COHN-S
President, Northeast Florida Association of Occupational Health Nurses.