

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001046

1. Entity Name

NORTHEAST FLORIDA ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.

Principal Place of Business

Mailing Address

~~110 ROSS RD~~
SATSUMA FL 32189-0581

110 ROSS RD
SATSUMA FL 32189-0581

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3605400

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

ROBERTS, SCOTT C ESQ
37 N. ORANGE AVE
SUITE 200
ORLANDO FL 32801

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 D ☐ Delete
NAME CASSELL, GAIL
STREET ADDRESS 4215 HARBOUR ISLAND DR.
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☒ Delete
NAME BOOTH, BETTY K
STREET ADDRESS 5545 EDENFIELD RD.
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE ☐ Change ☒ Addition
NAME PRESIDENT
CANDICE HOWELL
STREET ADDRESS 109 JOHNSGLEN DR.
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE DV ☐ Delete
NAME COX, RACHEAL
STREET ADDRESS 2639 TREASERE COVE LV
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☒ Delete
NAME RUSSELL, STEPHANIE
STREET ADDRESS 4006 GENHURST DR. N.
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ Change ☒ Addition
NAME SECRETARY
JANET C. MADAY
STREET ADDRESS 2099 WINTER BOURNE #306
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE DT ☐ Delete
NAME ROBERTS, LINDA
STREET ADDRESS ~~110 ROSS RD~~
CITY-ST-ZIP SATSUMA FL 32189

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 110 ROSS RD.
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Linda D. Roberts LINDA D. ROBERTS 5/1/02 904-733-0332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)