

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2002 8:00 am
Secretary of State

08-21-2002 90093 004 ****70.00

DOCUMENT # N99000001052

1. Entity Name

PALM BEACH FLORIDA ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.

Principal Place of Business

Mailing Address

160 AUSTRALIAN AVE., STE. 102
W. PALM BEACH FL 33406

160 AUSTRALIAN AVE., STE. 102
W. PALM BEACH FL 33406

124247



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0908920**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ESO
37 N ORANGE AVE STE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
min. will be \$236.25.**

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 **DT** ☐ Delete
NAME **BREWER, ANNIE**
STREET ADDRESS **160 AUSTRALIAN AVE., STE. 102**
CITY-ST-ZIP **W. PALM BEACH FL 33406**

TITLE **D** ☒ Change ☐ Addition
NAME **Annie Brewer**
STREET ADDRESS **160 Australian Av. Suite 102**
CITY-ST-ZIP **W. Palm Beach, Fl. 33406**

TITLE **D** ☒ Delete
NAME **PERKINS, LINDA**
STREET ADDRESS **2201 45TH ST.**
CITY-ST-ZIP **W. PALM BEACH FL 33407**

TITLE **DT** ☐ Change ☒ Addition
NAME **Debra S. Davis**
STREET ADDRESS **2384 E. OCEAN BLVD.**
CITY-ST-ZIP **Stuart, Fl. 34996**

TITLE **DV** ☐ Delete
NAME **WALKER, ESTHER**
STREET ADDRESS **1500 GATEWAY BLVD M552**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

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

TITLE **D** ☐ Delete
NAME **D'ALAURO, MARLENE**
STREET ADDRESS **8588 THOUSAND PINES CT**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

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

TITLE **DV** ☒ Delete
NAME **WHITING, SUZETTE**
STREET ADDRESS **P.O. BOX 1344 N/A**
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE **DB** ☐ Change ☒ Addition
NAME **Bonvento, Danielle**
STREET ADDRESS **160 Australian Av**
CITY-ST-ZIP **W. Palm Beach, Fl. 33406**

TITLE **D** ☐ Delete
NAME **HOWARD, CHERYL**
STREET ADDRESS **1601 HILL AVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **DP** ☒ Change ☐ Addition
NAME **Cheryl Howard**
STREET ADDRESS **1601 Hill Av**
CITY-ST-ZIP **W. Palm Beach, Fl. 33407**

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: **Debra S. Davis** **8/17/02** **772**
223-4984

CR2E037 (4/02)