

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045708

1. Entity Name

GOLDEN GIRLS NURSE REGISTRY, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

02-25-2000 90018 041 ***158.75

Principal Place of Business
12794 W. FOREST HILL BLVD
SUITE 1-B
WELLINGTON FL 33414
US

Mailing Address
12794 W. FOREST
SUITE 1-B
WELLINGTON FL 33414
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0677441		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FLANAGAN, JOHN H 1706 N LAKESIDE DR LAKE WORTH FL 33460				Name MARGARET STEINBERGER			
				Street Address (P.O. Box Number is Not Acceptable) 12794 W. FOREST HILL BLVD., 1-B			
				City WELLINGTON FL Zip Code 33414			

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: *Margaret Steinberger* DATE: 2-18-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLANAGAN, JOHN H			NAME	MARGARET STEINBERGER		
STREET ADDRESS	1706 N LAKESIDE DR			STREET ADDRESS	14915 HORSESHOE TRACE		
CITY-ST-ZIP	LAKE WORTH FL 33460			CITY-ST-ZIP	WELLINGTON, FL 33414		
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERAL, IBRAHIM			NAME			
STREET ADDRESS	15545 MEADOW WOOD DR.			STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL 33414			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret Steinberger* MARGARET STEINBERGER 2-18-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(561) 795-4667

CR2ED34 (9/99)