

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90009 036 ***550.00

DOCUMENT # P97000033964

1. Entity Name
FLORIDA NURSING NETWORK, INC.

Principal Place of Business

**10012 N. DALE MABRY
SUITE 108
TAMPA FL 33618**

Mailing Address

**10012 N. DALE MABRY
SUITE 108
TAMPA FL 33618**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3483158**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEWEERD, HENRY
10012 N. DALE MABRY
SUITE 108
TAMPA FL 33618**

Name **Lawrence Eberle**
Street Address (P.O. Box Number is Not Acceptable) **10012 N Dale Mabry Suite 108**
City **Tampa FL** Zip Code **33618**

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 Lawrence Eberle Lawrence Eberle 9/10/00
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☒ Delete
NAME **DEWEEND, WILLODENE**
STREET ADDRESS **10012 N. DALE MABRY, SUITE 108**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **Director** ☐ Change ☒ Addition
NAME **Lawrence Eberle**
STREET ADDRESS **10012 N Dale Mabry Suite 108**
CITY-ST-ZIP **Tampa FL 33618**

TITLE **D** ☒ Delete
NAME **DEWEERD, HENRY**
STREET ADDRESS **10012 N. DALE MABRY, SUITE 108**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **President/Secretary** ☐ Change ☒ Addition
NAME **Lawrence Eberle**
STREET ADDRESS **10012 N Dale Mabry Suite 108**
CITY-ST-ZIP **Tampa FL 33618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence Eberle 9/10/00
Date Daytime Phone

CR2E034 (5/00)