

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S27335**

1. Entity Name  
**THE NURSES REGISTRY, INC.**

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90057 045 \*\*\*150.00

Principal Place of Business  
**2660 AIRPORT ROAD SOUTH  
NAPLES FL 33962**

Mailing Address  
**2660 AIRPORT ROAD SOUTH  
NAPLES FL 33962**

**50048056**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**350 7th Street North**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 727**  
Suite, Apt. #, etc.

City & State  
**Naples, Florida**

City & State  
**Naples, Florida**

4. FEI Number **65-0244460**

Applied For  
Not Applicable

Zip **34102** Country **USA**

Zip **34106** Country **USA**

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**

**BROWN, THOMAS R.  
2660 AIRPORT ROAD SOUTH  
NAPLES FL 33962**

Name  
**Kevin Cooper**  
Street Address (P.O. Box Number is Not Acceptable)  
**350 7th Street North**  
City **Naples** **FL** Zip Code **34102**

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.

**VP/General Counsel**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/30/01**

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 \$150.00**  
**After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D PRESTON, ERNEST 350 7TH STREET NORTH NAPLES FL 34102</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CRONE, WILLIAM G. 350 7TH STREET NORTH NAPLES FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD MORTON, EDWARD A. 350 7TH STREET NORTH NAPLES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MYERS, R C 350 7TH STREET NORTH NAPLES FL 33940</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD POBLETT, CYNTHIA 350 7TH STREET NORTH NAPLES FL 34102</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC HOWARD, H E 350 7TH ST N NAPLES FL</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TDC Seneker, Stanley 350 7th Street North Naples, FL 34102</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Myers, Richard</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Censits, Richard 350 7th Street North Naples, FL 34102</b>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

attachment  
DH# S27335  
B0048056

The Nurses Registry, Inc.  
Additional Board Members  
2001-2002:

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F. Richard Meyer, III  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

William J. O'Meara  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Joseph I. Perkovich  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Raymond F. Pettit  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Raymond E. Reilly, M.D.  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

William J. Ryan  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Kermit S. Sutton  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Eric West  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director