

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742504

1. Entity Name

LA LECHE LEAGUE OF FLORIDA, INCORPORATED

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90132 011 ***70.00

Principal Place of Business

Mailing Address

C/O JOAN PELOSO, ACL
4732 NW 6TH COURT
PLANTATION FL 33317-1406
US

C/O JOAN PELOSO, ACL
4732 NW 6TH COURT
PLANTATION FL 33317-1406
US

80016540



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Janice Horvath, ACL
4564 Winderwood Cir.
Orlando, FL 32835

Janice Horvath, ACL
4564 Winderwood Cir.
Orlando, FL 32835

4. FEI Number

59-1817194

Applied For

Not

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

PELOSO, JOAN
4732 NW 6TH COURT
PLANTATION FL 33317

Name

Janice Horvath
4564 Winderwood Cir.
Orlando, FL 32835

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

Janice Horvath, PD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/00

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 PD
NAME PELOSO, JOAN
STREET ADDRESS 4732 NW 6 COURT
CITY-ST-ZIP PLANTATION FL ☒ Delete

TITLE PD
NAME Janice Horvath
STREET ADDRESS 4564 Winderwood Cir.
CITY-ST-ZIP Orlando, FL 32835 ☐ Change

TITLE V
NAME HEIFNER, JEANNE
STREET ADDRESS 4639 TIWASSEE ROAD
CITY-ST-ZIP EDGEWATER FL 32141 ☒ Delete

TITLE V
NAME Robin Stanford
STREET ADDRESS 3898 Runnymede Rd
CITY-ST-ZIP Tallahassee, FL 32308 ☐ Change

TITLE V
NAME SARISKY, CAROL
STREET ADDRESS 2425 NW 36TH TERR
CITY-ST-ZIP GAINESVILLE FL 32065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

TITLE D
NAME BERNING, CHRISTINA
STREET ADDRESS 1320 24TH ST, NE
CITY-ST-ZIP RUSKIN FL 33570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

TITLE D
NAME JOHNSON, TRACY
STREET ADDRESS 6906 ARABIAN RD
CITY-ST-ZIP ODESSA FL 33556 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

TITLE S
NAME SIMPSON, ELLEN
STREET ADDRESS 2513 EDGEWOOD RD
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janice Horvath, ACL Janice Horvath 1/24/00 407-291-61

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #