

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90174 049 ****70.00

DOCUMENT # 742504

1. Entity Name

LA LECHE LEAGUE OF FLORIDA, INCORPORATED



Principal Place of Business

**C/O JANICE HORVATH ACL
4564 WINDWOOD CIR
ORLANDO FL 32835
US**

Mailing Address

**C/O JANICE HORVATH ACL
4564 WINDWOOD CIR
ORLANDO FL 32835
US**

20015252



2. Principal Place of Business

4732 NW 6 Ct

3. Mailing Address

4732 NW 6 Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Plantation FL

City & State

Plantation FL

4. FEI Number **59-1817194**

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33317

Country

USA

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

6. Name and Address of Current Registered Agent

**HORVATH, JANICE
4564 WINDWOOD CIR
ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name

Joan Peloso

Street Address (P.O. Box Number is Not Acceptable)

4732 NW 6 Ct

City

Plantation

FL

Zip Code

33317

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

Joan M Peloso, President

1/13/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete

NAME **HORVATH, JANICE**
STREET ADDRESS **4564 WINDWOOD CIR**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **V** ☐ Delete

NAME **STANFORD, ROBIN**
STREET ADDRESS **3898 RUNNYMEDE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **V** ☒ Delete

NAME **SARISKY, CAROL**
STREET ADDRESS **2425 NW 36TH TERR**
CITY-ST-ZIP **GAINESVILLE FL 32065**

TITLE **D** ☐ Delete

NAME **BERNING, CHRISTINA**
STREET ADDRESS **1320 24TH ST, NE**
CITY-ST-ZIP **RUSKIN FL 33570**

TITLE **D** ☒ Delete

NAME **JOHNSON, TRACY**
STREET ADDRESS **6906 ARABIAN RD**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE **S** ☐ Delete

NAME **SIMPSON, ELLEN**
STREET ADDRESS **2513 EDGEWOOD RD**
CITY-ST-ZIP **TAMPA FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition

NAME **Joan Peloso**
STREET ADDRESS **4732 NW 6 Ct**
CITY-ST-ZIP **Plantation FL 33317**

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

TITLE **V** ☒ Change ☐ Addition

NAME **Tammy Veatch**
STREET ADDRESS **1614 Weaver Rd**
CITY-ST-ZIP **Lutz FL 33559**

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

TITLE **D** ☒ Change ☐ Addition

NAME **Alicia Rudin**
STREET ADDRESS **3240 NW 27 Terr**
CITY-ST-ZIP **Gainesville FL 32605**

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

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: **Joan M Peloso** **1/13/03** **954-584-4164**

CR2E037 (10/02)