

**2001 UNIFORM BUSINESS REPORT (UBR)**

27.

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90020 008 \*\*\*\*61.25

**DOCUMENT # 766541**

1. Entity Name

**LEAGUE OF ENVIRONMENTAL EDUCATORS IN FLORIDA, INC**

Principal Place of Business

165 SW THRASHER WAY  
 STUART FL 34997  
 US

Mailing Address

165 SW THRASHER WAY  
 STUART FL 34997  
 US

33587



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 6061

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6061

Suite, Apt. #, etc.

City & State

Live Oak FL

City & State

Live Oak FL

4. FEI Number

59-3183407

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

32064 US

Zip

Country

32064 US

6. Name and Address of Current Registered Agent

SWINDAL, AUDREY R.  
 1225 S. FIRST AVENUE  
 BARTOW FL 33830

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not 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

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

(NOTE: Registered Agent signature required when reissuing)

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  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TONSMEIRE, CHRIS	
STREET ADDRESS	1305 CROWDER RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANSON, DEBRA	
STREET ADDRESS	582 CHARMININ AVE	
CITY-ST-ZIP	LEHIGH FL 33936	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	IVY, RODNEY	
STREET ADDRESS	506 W 67TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BURKETT, PAT	
STREET ADDRESS	1821 W. CARLTON STREET	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROCKWOOD, TERESA	
STREET ADDRESS	255 LIVE OAK DR.	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, FRANCA	
STREET ADDRESS	6 SEA LANE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Claudia Lewis	
STREET ADDRESS	1455 Treetop Dr. Palm Harbor FL 34683	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dawn M. Nason	
STREET ADDRESS	10341 Downwind / Windermere FL 34786	
CITY-ST-ZIP	Lakewood City	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(Rodney Ivy is no longer a director. He is now Parliamentarian)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patti Schultz	
STREET ADDRESS	255 Delaware Ave. Sebastian FL 32958	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eileen Tramontane	
STREET ADDRESS	P.O. Box 873* Hallister FL 32147	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margaret B. Bogan, PhD.	
STREET ADDRESS	1202 Carol Ave.	
CITY-ST-ZIP	Auburn Dale FL 33823	

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 employment.

SIGNATURE:

*Dawn Nason* Dawn Nason 3/25/01 (407) 824-2652

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime phone #

CR2001 (10/00)