

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90460 009 \*\*\*\*61.25

**DOCUMENT # 766541**

1. Entity Name

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

Principal Place of Business

Mailing Address

PO BOX 6061  
LIVE OAK FL 32064  
US

PO BOX 6061  
LIVE OAK FL 32064  
US

2. Principal Place of Business

3. Mailing Address

**POST OFFICE BOX 873**

**POST OFFICE BOX 873**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**HOLLISTER, FL**

City & State

**HOLLISTER, FL**

Zip

Country

**32147**

**USA**

Zip

Country

**32147**

**USA**

4. FEI Number

**59-3183407**

Applied For

Not Applicable

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

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

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 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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **LEWIS, CLAUDIA**  
STREET ADDRESS **1455 TREETOP DRIVE**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **T** ☐ Change ☒ Addition  
NAME **NANCY L. OWENS**  
STREET ADDRESS **6783 DUCKWEED ROAD**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **D** ☐ Delete  
NAME **MASON, DAWN M**  
STREET ADDRESS **10341 DOWN LAKEVIEW CIRCLE**  
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **S** ☐ Change ☒ Addition  
NAME **DIANNE STEVENS**  
STREET ADDRESS **3644 MC INTOSH ROAD**  
CITY-ST-ZIP **DOVER, FL 33527**

TITLE **D** ☐ Delete  
NAME **BOGAN, MARGARET B PHD**  
STREET ADDRESS **1202 CAROL AVENUE**  
CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE **D** ☐ Change ☒ Addition  
NAME **CLIFF NORRIS**  
STREET ADDRESS **2588 KNOLL STREET WEST**  
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Nancy Owens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/30/02**

**561-790-0064**

Date

Daytime Phone #

CR2E037 (9/01)