

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


FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90230 018 ****61.25

UD-000003

DOCUMENT # 766541

1. Entity Name
LEAGUE OF ENVIRONMENTAL EDUCATORS IN FLORIDA, IN C.



Principal Place of Business Mailing Address

**PO BOX 873
HOLLISTER FL 32147
US** **PO BOX 873
HOLLISTER FL 32147
US**

2. Principal Place of Business 3. Mailing Address

6783 DUCKWEED ROAD **6783 DUCKWEED ROAD**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

LAKE WORTH, FL **LAKE WORTH, FL**

Zip Country Zip Country

33467 **USA** **33467** **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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME	<input type="checkbox"/> Delete
OWENS, NANCY L	
STREET ADDRESS	6783 DUCKWEED ROAD
CITY-ST-ZIP	LAKE WORTH FL 33487
TITLE NAME	<input checked="" type="checkbox"/> Delete
MASON, DAWN M	
STREET ADDRESS	10341 DOWN LAKEVIEW CIRCLE
CITY-ST-ZIP	WINDERMERE FL 34786
TITLE NAME	<input type="checkbox"/> Delete
BOGAN, MARGARET B PHD	
STREET ADDRESS	1202 CAROL AVENUE
CITY-ST-ZIP	AUBURNDALE FL 33823
TITLE NAME	<input checked="" type="checkbox"/> Delete
STEVENS, DIANNE	
STREET ADDRESS	3544 MCINTOSH ROAD
CITY-ST-ZIP	DOVER FL 33527
TITLE NAME	<input type="checkbox"/> Delete
NORRIS, CLIFF	
STREET ADDRESS	2588 KNOLL STREET WEST
CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PEGGY A. HILL	
STREET ADDRESS	1150 - 134 STREET
CITY-ST-ZIP	BRADENTON, FL 34212
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
FROMM, DIANE	
STREET ADDRESS	900 BRYAN AVENUE
CITY-ST-ZIP	LA BELLE, FL 33935
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED** *Audrey Swindal* Treasurer 05/04/03 561-790-0064

CR2E037 (10/02)