

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90143 032 ****61.25

DOCUMENT # 771297

1. Entity Name

THE CENTRAL FLORIDA CHAPTER OF CLINICAL LABORATO

Principal Place of Business

Mailing Address

1114 BLACK ACRE TRAIL
 WINTER SPRINGS FL 32708
 US

1114 BLACK ACRE TRAIL
 WINTER SPRINGS FL 32708
 US

AUG 31 2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2394060**

Applied For
 Not Applicable

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

BRASWELL, MAISIE
1114 BLACK ACRE TRAIL
WINTER SPRINGS FL 32708

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 _____ 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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	V TURNER-JACYNO, JERRI	<input type="checkbox"/> Delete
STREET ADDRESS	1523 GLASTONBERRY RD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE NAME	V FORANOCE, JOSIE	<input type="checkbox"/> Delete
STREET ADDRESS	205 MILFORA HAVE COVE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE NAME	T BRASWELL, MAISIE	<input type="checkbox"/> Delete
STREET ADDRESS	1114 BLACK ACRE TRAIL	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE NAME	D STRAIN, NANCY	<input type="checkbox"/> Delete
STREET ADDRESS	1880 PIONEER DR	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE NAME	S CALAMUSA, LISA	<input type="checkbox"/> Delete
STREET ADDRESS	1505 MELODY LANE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE NAME	D LONG, MICHELE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1329 VISTA COVE RD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	P Foranocce, Josie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1788 Pine Bay Dr.	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Miller Marty	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	120 Azalea Rd.	
CITY-ST-ZIP	DeBary, FL 32713	

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: *MAISIE BRASWELL* **SIGNATURE EQUIPERS** *Maisie Braswell* **3/22/01** **407-321-4500** **ext. 5133**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Attachment
D# 711297
AW 37869

Central Florida Chapter CLMA
Executive Officers/Board of Directors as of March 2001

President:

Josie Foranoco
1788 Pine Bay Dr.
Lake Mary, FL 32746

Vice President:

Jerri Turner-Jacyno
1523 Glastonberry Rd.
Maitland, FL 32751

Treasurer:

Maisie Braswell
1114 Black Acre Trail
Winter Springs, FL 32708

Secretary:

Lisa Calamusa
1505 Melody Lane
Apopka, FL 32703

Board of Directors:

Marty Miller
120 Azalea Rd.
DeBary, FL 32713

Nancy Strain
1880 Pioneer Dr.
Lakeland, FL 33809

Howard Van De Wate
600 E. Dixie Ave.
Leesburg, FL 34738

Joanne Giles
Winter Haven Hospital
200 Avenue Northeast
Winter Haven, FL 33881