

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90173 016 *****61.25

DOCUMENT # N02000000437

1. Entity Name

FLORIDA ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS, INC.



Principal Place of Business

**222 S. WESTMONTE DR., #101
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**222 S. WESTMONTE DR., #101
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0151358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAUTTER, MARTINE E
222 S. WESTMONTE DR., #101
ALTAMONTE SPRINGS FL 32714**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **SMITH, STACIE R**
STREET ADDRESS **6200 SW 73RD ST.**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **PPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **MISKIEL, LYNN W**
STREET ADDRESS **5841 SW 51ST TERR.**
CITY-ST-ZIP **MIAMI FL 33155-6325**

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

TITLE **D** ☐ Delete
NAME **FIFER, ROBERT**
STREET ADDRESS **P. O. BOX 016820**
CITY-ST-ZIP **MIAMI FL 33101-6820**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FERNANDEZ-ROQUE, NATALIE**
STREET ADDRESS **2555 S. COLLINS AVE., APT. 2300**
CITY-ST-ZIP **MIAMI BCH FL 33140-4755**

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

TITLE **D** ☒ Delete
NAME **LUNDY, DONNA S**
STREET ADDRESS **P. O. BOX 016960**
CITY-ST-ZIP **MIAMI FL 33101-6960**

TITLE **D** ☐ Change ☒ Addition
NAME **Kautter, Martine E.**
STREET ADDRESS **222 S Westmonte Drive Ste 101**
CITY-ST-ZIP **Altamonte Springs FL 32714**

TITLE **D** ☒ Delete
NAME **KAPLAN, ROBIN**
STREET ADDRESS **11724 SW 115TH TERR.**
CITY-ST-ZIP **MIAMI FL 33186**

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:

Martine E. Kautter

4/11/03

407-774-7880

CR2E037 (10/02)