

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49840

1. Entity Name

ASSOCIATION OF FLORIDA LAUBACH ORGANIZATIONS, IN

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90013 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

900 BELLEVUE AVENUE  
DAYTONA BEACH FL 32114-5108  
US

900 BELLEVUE AVENUE  
DAYTONA BEACH FL 32114-5108  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2974070

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

SALAZAR, RAY  
900 BELLEVUE AVENUE  
DAYTONA BEACH FL 32114

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 PD  
NAME WETTLAUER, NANCY  
STREET ADDRESS 5335 CALLE FLORIDA  
CITY-ST-ZIP SARASOTA FL 34242 ☐ Delete

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

TITLE VD  
NAME ANNA HART  
STREET ADDRESS 12800 NE 6TH AVE.  
CITY-ST-ZIP MIAMI FL 33161 ☐ Delete

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

TITLE TD  
NAME SALAZAR, RAY  
STREET ADDRESS 900 BELLEVUE AVENUE  
CITY-ST-ZIP DAYTONA BEACH FL 3214 ☐ Delete

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

TITLE SD  
NAME WALKER, SUE  
STREET ADDRESS 6960 CATLETT RD.  
CITY-ST-ZIP ST. AUGUSTINE FL 32095 ☐ Delete

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

TITLE D  
NAME BROWN, JULIA MAE  
STREET ADDRESS 3140 N.W. 19TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

*Ramona A. Salazar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-00 (904) 255-8723

CR2E037 (9/99)