

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90094 043 \*\*\*\*61.25

**DOCUMENT # N49840**

1. Entity Name

**ASSOCIATION OF FLORIDA LAUBACH ORGANIZATIONS, IN C.**

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

Zip

Country

Zip

Country

4. FEI Number **59-2974070**

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

**YANUS, THOMAS  
 900 BELLEVUE AVENUE  
 DAYTONA BEACH FL 32114**

Name **Lori S Maushund**  
 Street Address (P.O. Box Number is Not Acceptable)  
**900 Bellevue Avenue**  
 City **Daytona Beach** FL Zip Code **32114**

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** ☐ Delete  
 NAME **LANE, MARTHA A**  
 STREET ADDRESS **3940 18TH AVE SOUTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33711**

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

TITLE **VD** ☐ Delete  
 NAME **OVERHOLT, RUSS**  
 STREET ADDRESS **2351 SE MONTEREY RD**  
 CITY-ST-ZIP **STUART FL 34996**

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

TITLE **TD** ☒ Delete  
 NAME **YANUS, THOMAS M**  
 STREET ADDRESS **900 BELLEVUE AVENUE**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **Maushund, Lori S**  
 STREET ADDRESS **900 Bellevue Avenue**  
 CITY-ST-ZIP **Daytona Beach FL 32114**

TITLE **SD** ☐ Delete  
 NAME **WAITE-BURNS, ILA**  
 STREET ADDRESS **2601 BLAIR STONE RD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32399**

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

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

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

TITLE **C** ☒ Delete  
 NAME **HOSS, MARY**  
 STREET ADDRESS **12 KELLY BEA CT**  
 CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **Sharp C** ☒ Change ☐ Addition  
 NAME **Sharp, Gwen**  
 STREET ADDRESS **1362 Mahama Bluff Rd**  
 CITY-ST-ZIP **Green Cove Springs, FL 32043**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** **Lori Maushund, Treasurer**  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)