

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 14, 2000 08:00 AM
Secretary of State

DOCUMENT # 701577

1. Entity Name

FLORIDA LANGUAGE, SPEECH AND HEARING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

335 BEARD STREET

335 BEARD STREET

TALLAHASSEE
32303

FL

TALLAHASSEE
32303

FL

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

59-1615812

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS ROBERT C
335 BEARD STREET

TALLAHASSEE
32303

FL

US

Name

SKROB ROBERT

Street Address (P.O. Box Number is Not Acceptable)

335 BEARD STREET

City

TALLAHASSEE

FL

Zip Code
32303

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 **ROBERT SKROB**

03/14/2000

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 D ☐ Delete
NAME BOGER BONNIE
STREET ADDRESS 40 ORANGE STREET
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE T ☒ Change ☐ Addition
NAME BARIMO JOSEPH
STREET ADDRESS 468 LAKESIDE CIRCLE
CITY-ST-ZIP SUNRISE FL

TITLE D ☐ Delete
NAME WITKIND MARK J
STREET ADDRESS 3211 W. SWANN AVE.
CITY-ST-ZIP TAMPA FL

TITLE D ☒ Change ☐ Addition
NAME SPIRAKIS GREGORY J
STREET ADDRESS 3944 CEDAR WAY
CITY-ST-ZIP LAND O' LAKES FL

TITLE D ☐ Delete
NAME VICTOR SHELLEY
STREET ADDRESS 213 NW 123RD WAY
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☒ Change ☐ Addition
NAME SMITH STACIE R
STREET ADDRESS 6200 SW 73RD ST.
CITY-ST-ZIP MIAMI FL

TITLE P ☐ Delete
NAME LANGHANS JOSEPH D
STREET ADDRESS 14077 80TH AVE. N.
CITY-ST-ZIP SEMINOLE FL

TITLE D ☒ Change ☐ Addition
NAME LANGHANS JOSEPH J
STREET ADDRESS 14077 80TH AVE. N.
CITY-ST-ZIP SEMINOLE FL

TITLE T ☐ Delete
NAME BUSBEE JANE
STREET ADDRESS 520 SELKIRK DR.
CITY-ST-ZIP WINTER PARK FL

TITLE D ☒ Change ☐ Addition
NAME SNOVER SUSAN R
STREET ADDRESS 5750 DEER TRACKS TRAIL,
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ Delete
NAME DE LA PAX ALINA
STREET ADDRESS 8100 SW 81ST DR. #240
CITY-ST-ZIP MIAMI FL 33143

TITLE P ☒ Change ☐ Addition
NAME VICTOR SHELLEY J
STREET ADDRESS 213 NW 123RD WAY
CITY-ST-ZIP CORAL SPRINGS FL

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.