

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90225 020 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 701577 ✓

1. Entity Name
 Florida Language Speech and Hearing Association Inc

Principal Place of Business Mailing Address

222 S Westmonte Drive Ste 101
 Altamonte Springs FL 32714

2. Principal Place of Business 3. Mailing Address

222 S Westmonte Drive 222 S Westmonte Drive

Suite, Apt. #, etc. Suite, Apt. #, etc.
 Ste 101 Ste 101

City & State City & State

Altamonte Springs FL Altamonte Springs FL

Zip Country Zip Country

32714 USA 32714 USA

4. FEI Number 59-1615812 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Robert C. Harris
 335 Beard St
 Tallahassee FL 32303

7. Name and Address of New Registered Agent

Name Martine E. Kautter

Street Address (P.O. Box Number is Not Acceptable)
 222 S Westmonte Drive

Ste 101

City Altamonte Springs FL Zip Code 32714

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 Martine E. Kautter, Executive Director *Martine E Ka* 3/21/01

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	Snover, Susan	5750 Deer Tracks Trail	Lakeland FL 33811	
VP/D	Miskiel, Lynn	5451 SW 51st Terrace	Miami FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T/D	Barimo, Joseph	1099 Chenille Circle	Weston FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	Kautter, Martine	222 S Westmonte Drive Ste 101	Altamonte Springs FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> 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: Martine E. Kautter *Martine E Ka* 3/21/01 407-774-7880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)