

2002 UNIFORM BUSINESS REPORT (UBR)

5/0

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-06-2002 90013 042 ****61.25

DOCUMENT # 701577

1. Entity Name

**FLORIDA LANGUAGE, SPEECH AND HEARING ASSOCIATION
, INC.**

Principal Place of Business

**222 S WESTMONTE DRIVE
SUITE 101
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**222 S WESTMONTE DRIVE
SUITE 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

59-1615812

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

**KAUTTER, MARTINE E.
222 S WESTMONTE DRIVE
SUITE 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.

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPO
MISKIEL, LYNN
5451 SW 51ST TERRACE
MIAMI FL 33155** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SNOVER, SUSAN R
5750 DEER TRACKS TRAIL
LAKELAND FL 33811** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Rubin-Smith, Stacie
6200 SW 73W St
Miami FL 33143** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LANGHANS, JOSEPH J
14077 80TH AVE. N.
SEMINOLE FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Fifer, Robert
11273 SW 153rd Avenue
Miami FL 33196** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARTINE, KAUTTER
222 S WESTMONTE DRIVE STE 101
ALTAMONTE SPRINGS FL 32714** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SPIRAKIS, GREGORY J
3944 CEDAR WAY
LAND O' LAKES FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Topp, Vivian
900 W 49th St Ste 330
Hialeah FL 33012** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BARIMO, JOSEPH
468 LAKESIDE CIRCLE
SUNRISE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Friedel, Elaine
2725 Hunter Rd
Weston FL 33331** ☒ 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:

Stacie Rubin Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

407-774-7880

Date

Daytime Phone #

Stacie Rubin Smith

05-22-02

CR2E037 (9/01)