

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90128 002 \*\*\*\*61.25

**DOCUMENT # 723113**

1. Entity Name

**LEARNING DISABILITIES ASSOCIATION OF FLORIDA, IN**

Principal Place of Business

Mailing Address

331 E. HENRY STREET  
 PUNTA GORDA FL 33950

331 E. HENRY STREET  
 PUNTA GORDA FL 33950-6061

**709249**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7190632**

Applied For  
 Not Applied

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

**KRON, CHERYL**  
**331 E. HENRY STREET**  
**PUNTA GORDA FL 33950**

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

*Cheryl Kron, Executive Secretary*

**1-22-00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEI 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	Delete
D	GILCHRIST, MARY SISTER	2911 BEE RIDGE ROAD	SARASOTA FL	<input checked="" type="checkbox"/>
VPD	BENSON, JULIE	216 RUDDER RD	VERO BCH FL	<input checked="" type="checkbox"/>
VPD	STARK, ARNOLD	6305 EUREKA SPRINGS RD.	TAMPA FL	<input type="checkbox"/>
T	BOSWORTH, JOHN	39650 US 19 N UNIT 914	TARPON SPRINGS FL	<input checked="" type="checkbox"/>
PD	TAVEL, CAROLYN	1229 BRYN MAWR	ORLANDO FL 32804	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Gail Kurtz	1201 Louisiana Ave. Ste C	Winter Park, FL 32789	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Pam Burns	213 Jasmine Ln.	Longwood, FL 32779	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Mary Ann Lehmann	4091 Orange Grove Blvd.	N. Ft. Myers, FL 33903	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Carolyn Tavel*

**1-22-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #