

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90003 049 ****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

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 Applicable

Zip

Country

Zip

Country

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

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

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

(NOTE: Registered Agent signature required when reinstating)

1/13/01

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: Delete
 NAME: **D GILCHRIST, MARY SISTER**
 STREET ADDRESS: **2911 BEE RIDGE ROAD**
 CITY-ST-ZIP: **SARASOTA FL**

TITLE: Change Addition
 NAME: **P Gail Kurtz**
 STREET ADDRESS: **1201 Louisiana Ave "C"**
 CITY-ST-ZIP: **Winter Park, FL 32789**

TITLE: Delete
 NAME: **VPD BENSON, JULIE**
 STREET ADDRESS: **216 RUDDER RD**
 CITY-ST-ZIP: **VERO BCH FL**

TITLE: Change Addition
 NAME: **S Joanne McAllister**
 STREET ADDRESS: **45 Annapolis Ln.**
 CITY-ST-ZIP: **Rotonda West, FL 33947**

TITLE: Delete
 NAME: **VPD STARK, ARNOLD**
 STREET ADDRESS: **6305 EUREKA SPRINGS RD.**
 CITY-ST-ZIP: **TAMPA FL**

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

TITLE: Delete
 NAME: **T BOSWORTH, JOHN**
 STREET ADDRESS: **39650 US 19 N UNIT 914**
 CITY-ST-ZIP: **TARPON SPRINGS FL**

TITLE: Change Addition
 NAME: **T Mary Ann Lehman**
 STREET ADDRESS: **4091 Orange Grove Blvd.**
 CITY-ST-ZIP: **N. Ft. Myers, FL 33903**

TITLE: Delete
 NAME: **PD TAVEL, CAROLYN**
 STREET ADDRESS: **1229 BRYN MAWR**
 CITY-ST-ZIP: **ORLANDO FL 32804**

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

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:

Signature of Gail Kurtz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan. 13, 2001 407-740-5678

Daytime Phone #

CR2E037 (10/00)