

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90071 019 \*\*\*\*61.25

**DOCUMENT # 723113**

1. Entity Name

**EARNING 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

Zip

Country

Zip

Country

4. FEI Number

**23-7190632**

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

**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*

*2/7/2002*

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KURTZ, GAIL</b>	
STREET ADDRESS	<b>1201 LOUISIANA AVE C</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCALLISTER, JOANNE</b>	
STREET ADDRESS	<b>45 ANNAPOLIS LN</b>	
CITY-ST-ZIP	<b>ROTONDA WEST FL 33947</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>STARK, ARNOLD</b>	
STREET ADDRESS	<b>6305 EUREKA SPRINGS RD.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LEHMAN, MARY ANN</b>	
STREET ADDRESS	<b>4091 ORANGE GROVE BLVD</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33903</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>TAVEL, CAROLYN</b>	
STREET ADDRESS	<b>1229 BRYN MAWR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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

*Feb 4, 2002 407 740-5678*  
 Date Decision Required

CR2E037 (9/01)