

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **771297**

1. Entity Name

**THE CENTRAL FLORIDA CHAPTER OF CLINICAL LABORATO**

**FILED**

**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90198 045 \*\*\*\*61.25

Principal Place of Business

**1114 BLACK ACRE TRAIL  
WINTER SPRINGS FL 32708  
US**

Mailing Address

**1114 BLACK ACRE TRAIL  
WINTER SPRINGS FL 32708-4430  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2394060**

Applied For

Not Applicable

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

**BRASWELL, MAISIE  
1114 BLACK ACRE TRAIL  
WINTER SPRINGS FL 32708**

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 **P** ☒ Delete  
NAME **MALGERSTORFE, LUISA**  
STREET ADDRESS **679 SAN PABLO AVENUE**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **V** ☐ Change ☒ Addition  
NAME **Turner-Jacyno, Terri**  
STREET ADDRESS **1523 Glastonberry Rd.**  
CITY-ST-ZIP **Maitland, FL 32751**

TITLE **V** ☐ Delete  
NAME **FORANOCE, JOSIE**  
STREET ADDRESS **205 MILFORD AVE COVE**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **P** ☒ Change ☐ Addition  
NAME **Foranocce, Josie**  
STREET ADDRESS **1788 Pine Bay Dr.**  
CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE **T** ☐ Delete  
NAME **BRASWELL, MAISIE**  
STREET ADDRESS **1114 BLACK ACRE TRAIL**  
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **D** ☐ Change ☒ Addition  
NAME **Nancy Strain**  
STREET ADDRESS **1880 Pioneer Dr.**  
CITY-ST-ZIP **Lakeland, FL 33809**

TITLE **S** ☒ Delete  
NAME **TALLEY, KAREN**  
STREET ADDRESS **407 FABER DR**  
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **S** ☐ Change ☒ Addition  
NAME **Calamusa, Lisa**  
STREET ADDRESS **1505 Melody Lane**  
CITY-ST-ZIP **Apopka, FL 32703**

TITLE **D** ☒ Delete  
NAME **LINDSEY, CLYDE**  
STREET ADDRESS **2050 SO. RIDGEWOOD AVE APT M-18**  
CITY-ST-ZIP **SOUTH DAYTONA FL 32199**

TITLE **D** ☐ Change ☒ Addition  
NAME **Miller, Marty**  
STREET ADDRESS **120 Azalea Rd.**  
CITY-ST-ZIP **DeBary, FL 32713**

TITLE **D** ☒ Delete  
NAME **SZELAG, EDWINA**  
STREET ADDRESS **1350 S HICKORY ST**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☐ Change ☒ Addition  
NAME **Michele Long**  
STREET ADDRESS **1329 Vista Cove Rd.**  
CITY-ST-ZIP **St. Augustine FL 32095**

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: **MAISIE BRASWELL** **MAISIE BRASWELL** **4/26/00** **(407) 321-4500** **ext. 5133**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

Document # 771297  
00092077

FEI # 59-2394060

Central Florida Chapter CLMA  
Executive Officers/Board of Directors as of April 2000

President:

Josie Foranocce  
1788 Pine Bay Dr.  
Lake Mary, FL 32746

Vice President:

Jerri Turner-Jacyno  
1523 Glastonberry Rd.  
Maitland, FL 32751

Treasurer:

Maisie Braswell  
1114 Black Acre Trail  
Winter Springs, FL 32708

Secretary:

Lisa Calamusa  
1505 Melody Lane  
Apopka, FL 32703

Board of Directors:

Michele Long  
1329 Vista Cove Rd.  
St. Augustine, FL 32095

Marty Miller  
120 Azalea Rd.  
DeBary, FL 32713

Nancy Strain  
1880 Pioneer Dr.  
Lakeland, FL 33809

Howard Van De Wate  
600 E. Dixie Ave.  
Leesburg, FL 34748

Joanne Giles  
Winter Haven Hospital  
200 Avenue Northeast  
Winter Haven, FL 33881