

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771297

1. Entity Name

THE CENTRAL FLORIDA CHAPTER OF CLINICAL LABORATO

Principal Place of Business

1114 BLACK ACRE TRAIL
WINTER SPRINGS FL 32708
US

Mailing Address

1114 BLACK ACRE TRAIL
WINTER SPRINGS FL 32708
US

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 59-2394060

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees 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 NAME STREET ADDRESS CITY-ST-ZIP	V TURNER-JACYNO, JERRI 1523 GLASTONBERRY RD MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FORANOCE, JOSIE 205 MILFORA HAVE COVE LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRASWELL, MAISIE 1114 BLACK ACRE TRAIL WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAIN, NANCY 1880 PIONEER DR LAKE LAND FL 33809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALAMUSA, LISA 1505 MELODY LANE DEBARY FL 32713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, MICHELE 1329 VISTA COVE RD SAINT AUGUSTINE FL 32095	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P Foranocce, Josie 1788 Pine Bay Dr. Lake Mary, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D Miller Marty 120 Azalea Rd. DeBary, FL 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Maisie Braswell* 3/22/01 407-321-4500 ext. 5133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90143 032 ****61.25

AUM 51,357



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

Attachment
DH 7/12/97
AW 3/18/99

Central Florida Chapter CLMA
Executive Officers/Board of Directors as of March 2001

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:

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 34738

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