

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41095

1. Entity Name

LEARNING DISABILITIES ASSOCIATION OF CENTRAL FLO

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90079 041 ****61.25

Principal Place of Business

Mailing Address

550 S EOLA DR
RM 122
ORLANDO FL 32801
US

550 S EOLA DR
RM 122
ORLANDO FL 32801-3901
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

59-3039758

Applied For

Not Applicable

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

TAVEL, CAROLYN C.
550 S EOLA DR
RM 122
ORLANDO FL 32801

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 D ☒ Delete
NAME AGAT, MICHAEL
STREET ADDRESS 431 E CENTRAL BLVD, STE 507
CITY-ST-ZIP ORLANDO FL 32801

TITLE DPE/Elizabeth Bosserman ☐ Change ☒ Addition
NAME 550 S. Eola Drive
STREET ADDRESS Orlando, FL 32801
CITY-ST-ZIP

TITLE T ☒ Delete
NAME LIVESAY, JULIE
STREET ADDRESS 550 S. EOLA DR RM-122
CITY-ST-ZIP ORLANDO FL 32801

TITLE PVP Frank Tufts ☐ Change ☒ Addition
NAME 550 S. Eola Drive
STREET ADDRESS Orlando, FL 32801
CITY-ST-ZIP

TITLE DP ☒ Delete
NAME RUSSELL, RUTH
STREET ADDRESS 550 S EOLA DR, RM 122
CITY-ST-ZIP ORLANDO FL 32801

TITLE S Jo Anne Dorgan ☐ Change ☒ Addition
NAME 550 S. Eola Dr
STREET ADDRESS Orlando, FL 32801
CITY-ST-ZIP

TITLE DP ☒ Delete
NAME MCALEER, LINDA
STREET ADDRESS 264 SPRING RUN CIR
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D Melody A. O'Connor ☐ Change ☒ Addition
NAME 550 S. Eola Dr
STREET ADDRESS Orlando, FL 32801
CITY-ST-ZIP

TITLE S ☒ Delete
NAME BAILOR, TONYE
STREET ADDRESS 850 S EOLA DR
CITY-ST-ZIP ORLANDO FL 32801

TITLE D Maggie McQueen ☐ Change ☒ Addition
NAME 550 S. Eola Dr
STREET ADDRESS Orlando, FL 32801
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MASON, CATHY
STREET ADDRESS 550 S EOLA DR
CITY-ST-ZIP ORLANDO FL 32801

TITLE D Dorene Bartell ☐ Change ☒ Addition
NAME 550 S. Eola Dr
STREET ADDRESS Orlando, FL 32801
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: Elizabeth Bosserman 5/30/00 407-894-0074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)