

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48633

1. Entity Name

EDUCATIONAL AUDIOLOGY ASSOCIATION, INC.

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90260 047 ****61.25

Principal Place of Business

Mailing Address

4319 EHRlich RD.
TAMPA FL 33624
US

4319 EHRlich RD.
TAMPA FL 33624
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

87-0474198

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

KOSTROSKI, LOIS
4319 EHRlich ROAD
TAMPA FL 33624

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 WHITAKER, MARY
STREET ADDRESS 240 E. MAPLE
CITY-ST-ZIP POCATELLO ID 83201

TITLE D ☐ Change ☒ Addition
NAME Christine Jakubec
STREET ADDRESS 540 Fox Glove Lane
CITY-ST-ZIP Barrington, IL 60010

TITLE D ☒ Delete
NAME ROSENBERG, GAIL
STREET ADDRESS 1705 WHARF ROAD
CITY-ST-ZIP SARASOTA FL 34231

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

TITLE D ☐ Delete
NAME REDMOND, BEA
STREET ADDRESS 3625 CRESCENT PARK BLVD
CITY-ST-ZIP ORLANDO FL 32812

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

TITLE D ☐ Delete
NAME LIPSCOMB, MARSHA
STREET ADDRESS 2477 CORDWOOD DRIVE
CITY-ST-ZIP DECATUR GA 30033

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/02 813/968-2644

CR2E037 (9/01)