

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003618

1. Entity Name

LEE COUNTY BREASTFEEDING TASK FORCE, INC.

**FILED**  
**Jun 20, 2000 8:00 am**  
**Secretary of State**

06-20-2000 90002 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O LEE COUNTY HEALTH DEPARTMENT  
2951 PALM BEACH  
FORT MYERS FL 33916

P.O. BOX 07302  
FORT MYERS FL 33919-0291  
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

65-0923394

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

MILLER, JANICE M  
C/O LEE COUNTY HEALTH DEPARTMENT  
2951 PALM BEACH  
FORT MYERS FL 33916

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 ☐ Delete  
NAME D  
STREET ADDRESS VERTICH, TOM  
CITY-ST-ZIP 1400 COLONIAL BOULEVARD #255  
FORT MYERS FL 33907

TITLE ☐ Change ☒ Addition  
NAME T.  
STREET ADDRESS Elaine Leeman  
CITY-ST-ZIP 3992 Blenheim St  
Ft Myers, FL 33919

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PECK, JEFFERY D.C.  
CITY-ST-ZIP 12720 CHARDON COURT  
FORT MYERS FL 33912

TITLE ☐ Change ☒ Addition  
NAME S  
STREET ADDRESS Maria Richter  
CITY-ST-ZIP 406 Highland Ave.  
Lehigh Acres, FL 33972

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DANIEL, JANE A M.D.  
CITY-ST-ZIP 6306 CORPORATE COURT S.W.  
FORT MYERS FL 33919

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SNELL, MARY V  
CITY-ST-ZIP 1833 HENDRY STREET  
FORT MYERS FL 33901

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS MILLER, JANICE  
CITY-ST-ZIP 2951 PALM BEACH  
FORT MYERS FL 33916

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS VERTICH, VICKI  
CITY-ST-ZIP POST OFFICE BOX 2218  
FORT MYERS FL 33902

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 #

6-14-00 941-481-5548

CR2E037 19/99