

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000003618**

1. Entity Name

LEE COUNTY BREASTFEEDING TASK FORCE, INC.**FILED**
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90008 017 ****61.25

Principal Place of Business

Mailing Address

C/O LEE COUNTY HEALTH DEPARTMENT
2951 PALM BEACH
FORT MYERS FL 33916P.O. BOX 07302
FORT MYERS FL 33919
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0923394

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

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 \$61.259. 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
D
VERTICH, TOM
1400 COLONIAL BOULEVARD #255
FORT MYERS FL 33907 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Maria Richter
406 Highland Ave
Lehigh Acres, FL 33972 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PECK, JEFFERY D.C.
12720 CHARDON COURT
FORT MYERS FL 33912 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Elaine Leeman
3992 Blenheim St
Ft Myers, FL 33919 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DANIEL, JANE A M.D.
6306 CORPORATE COURT S.W.
FORT MYERS FL 33919 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SNELL, MARY V
1833 HENDRY STREET
FORT MYERS FL 33901 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MILLER, JANICE
2951 PALM BEACH
FORT MYERS FL 33916 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
VERTICH, VICKI
POST OFFICE BOX 2218
FORT MYERS FL 33902 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elaine Leeman

3-29-01

941-481-5548

Date

Daytime Phone #

CR2E037 (10/00)