

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90047 029 \*\*\*\*61.25

0050915

**DOCUMENT # N50064**  
 1. Entity Name  
**FOOD ADDICTS ANONYMOUS, INC.**

Principal Place of Business 4623 FOREST HILL BLVD. SUITE 109-4 WEST PALM BEACH FL 33415-9120 US	Mailing Address 4623 FOREST HILL BLVD. SUITE 109-4 WEST PALM BEACH FL 33415-9120 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0348738</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**BRINKEY, CHARLOTTE**  
**10718 ANDERSON LANE**  
**LAKE WORTH FL 33467-5464**

7. Name and Address of New Registered Agent  
 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: Charlotte Brinkey DATE: 4-5-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BATWIN, ARLENE 168 CENTRE AVE NEW ROCHELLE NY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNELLY, JONI 10241 N PINTO LANE HAYDEN ID 83835 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONROY, MICHAEL 1335 W 114TH CLEVELAND OH 44102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKEL, PHYLLIS 404 GOODMAN'S CROSSING CLARK NJ 07066 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCY, KRAMER 26976 TALL OAKS TR OLMSTED OH 44138 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPP, NORMA J 7564 ZONA LN PARMA OH 44130 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Phyllis Eckel 404 Goodman's Crossing Clark, NJ 07066 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GD Giacomo De Rosa 93 RANDOLPH PL WEST ORANGE, NJ 07052 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arlene Batwin 168 Centre Ave New Rochelle, NY 10805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charlotte Brinkey 10718 Anderson Ln LAKE WORTH, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jim Naurne 1820 SE 15th Terr CAPE CORAL, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Karen Orange 186 POINCIANA LN DELTONA, FL 32738 <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: Charlotte Brinkey, Director DATE: 4-5-01 DAYTIME PHONE #: 561-967-3871  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)

ATTACHMENT LIST

FOOD ADDICTS ANONYMOUS  
OFFICER'S NAME AND ADDRESSES FOR THE YEAR 2000 & 2001

4/5/2001

Document #  
1150064

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>	<u>BOARD OFFICE/Year</u>
ARLENE BATWIN	168 CENTRE AVE 2T	NEW ROCHELLE	NY	10805	Director
CHARLOTTE BRINKEY	10718 ANDERSON LA	LAKE WORTH	FL	33467-5464	Director
MICHAEL CONROY	11125 LAKE AVE #301	CLEVELAND	OH	44102	Director
GIACOMO DE ROSA	93 RANDOLPH PL	WEST ORANGE	NJ	07052	Co-Moderator
PHYLLIS ECKEL	404 GOODMAN'S CROSSING	CLARK	NJ	07066	Co-Moderator
JIM NAVARRE	1820 SE 1ST TERR	CAPE CORAL	FL	33990	Treasurer/2000-2001
KAREN ORRANGE	186 POINCIANA LN	DELTONA	FL	32738	Secretary/2000-2001
NORMA JEAN PHILLIPP	7564 ZONA LN	PARMA	OH	44130	Director
FELICIA SEATON	31 WINTERBURY CIRCLE	WILMINGTON	DE	19808	Director
ELENA SANTABALLA	3567 SCHAEFER ST	CULVER CITY	CA	90232	PARLIAMENTARIAN

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