

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90040 004 ****61.25

DOCUMENT # N98000002848

1. Entity Name

**AMERICAN SOCIETY FOR BARIATRIC SURGERY FOUNDATIO
 N, INC.**

Principal Place of Business

Mailing Address

140 NW 75 DR
 STE C
 GAINESVILLE FL 32607
 US

140 NW 75 DR
 STE C
 GAINESVILLE FL 32607
 US

2. Principal Place of Business

7328 W. University Avenue

3. Mailing Address

7328 W. University Avenue

Suite, Apt. #, etc.

Suite F

Suite, Apt. #, etc.

Suite F

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32607

Country

Alachua

Zip

32607

Country

Alachua

4. FEI Number

59-3520006

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

**MALLORY, GEORGANN
 140 NW 75 DR SUITE C
 GAINESVILLE FL 32607**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7328 W. University Avenue Suite F

City

Gainesville

FL

Zip Code

32607

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

Georgann Mallory

2/15/02

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Actions
D	DEITEL, MERVYN	3100 BAYVIEW AVE UNIT 4	TORONTO, ONTARIO CA	<input type="checkbox"/> Delete
D	MACDONALD, KENNETH G	DEPT OF SURGERY E. CAROLINA UNIV.	GREENVILLE NC 27858	<input checked="" type="checkbox"/> Delete
D	MCGRERGOR, ALEX M	140 NW 75 DR STE C	GAINESVILLE FL 32607	<input checked="" type="checkbox"/> Delete
D	TERRY, BOYD E	N306 GEN SURGERY ONE HOSPITAL DR	COLUMBIA MO 65212	<input type="checkbox"/> Delete
D	WILLBANKS, OTTO L	7006 DELOACH AVE	DALLAS TX 75225	<input checked="" type="checkbox"/> Delete
P	FOX, S R	3716 PACIFIC AVE STE B	TACOMA WA 98445	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Actions
D	POPOOLA, DAPO	22525 MAPLE AVENUE, SUITE 102	TORRANCE, CA, 90505	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	BARZUNG, LAWRENCE	7777 FORBET LANE, BLDG A, SUITE 339	DALLAS, TX 75230	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	OWENS, TRACY	6719 ALVARADO ROAD, SUITE 308	SAN DIEGO, CA 92120-5206	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	FOBI, MATHIAS	21520 S. PIONEER BLVD, SUITE 204	HAWAIIAN GARDENS, CA 90716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input 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:

Georgann Mallory
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/02 352-331-4900

CR2E037 (9/01)