

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90836 004 ****61.25

DOCUMENT # N98000002848

1. Entity Name

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



Principal Place of Business

**7328 W UNIVERSITY AVENUE
STE F
GAINESVILLE FL 32607
US**

Mailing Address

**7328 W UNIVERSITY AVENUE
STE F
GAINESVILLE FL 32607
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3520006**

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

**MALLORY, GEORGANN
7328 W UNIVERSITY AVENUE
SUITE F
GAINESVILLE FL 32607**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **DEITEL, MERVYN**
STREET ADDRESS **3100 BAYVIEW AVE UNIT 4**
CITY-ST-ZIP **TORONTO, ONTARIO CA**

TITLE **D** ☐ Change ☒ Addition
NAME **Lindstrom, Walter**
STREET ADDRESS **7710 Hazard Center Dr. Suite E**
CITY-ST-ZIP **San Diego, CA 92108**

TITLE **D** ☐ Delete
NAME **POPOOLA, DAPO**
STREET ADDRESS **22525 MAPLE AVENUE SUITE 102**
CITY-ST-ZIP **TORRANCE CA 90505**

TITLE **D** ☐ Change ☒ Addition
NAME **Sapala, James**
STREET ADDRESS **3333 Spring Arbor Dr. Suite 100**
CITY-ST-ZIP **Jackson, MI 49203**

TITLE **D P** ☐ Delete
NAME **BARZUNG, LAWRENCE**
STREET ADDRESS **7777 FOREST LANE BLDG A SUITE 339**
CITY-ST-ZIP **DALLAS TX 75230**

TITLE **D** ☐ Change ☒ Addition
NAME **Fobi, Mathias**
STREET ADDRESS **21520 S. Pioneer Blvd. Suite 204**
CITY-ST-ZIP **Hawaiian Gardens, CA 90716**

TITLE **D** ☐ Delete
NAME **TERRY, BOYD E**
STREET ADDRESS **N306 GEN SURGERY ONE HOSPITAL DR**
CITY-ST-ZIP **COLUMBIA MO 65212**

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

TITLE **D** ☐ Delete
NAME **OWENS, TRACY**
STREET ADDRESS **6719 ALVARADO ROAD SUITE 308**
CITY-ST-ZIP **SAN DIEGO CA 92120-5206**

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

TITLE **D P** ☐ Delete
NAME **FOX, S R**
STREET ADDRESS **3716 PACIFIC AVE STE B**
CITY-ST-ZIP **TACOMA WA 98445**

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 of Registered Agent

2-19-03

352-331-4900

CR2E037 (10/02)