

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

0310651

**DOCUMENT # P97000054983**

04-07-2001 90022 030 \*\*\*150.00

1. Entity Name

**AMERICAN DIABETIC FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**336 SE 15TH AVENUE  
 DEERFIELD BEACH FL 33441  
 US**

**336 SE 15TH AVENUE  
 DEERFIELD BEACH FL 33441  
 US**

2. Principal Place of Business

**318 SE 15th Ave.**

3. Mailing Address

**318 SE 15th Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Deerfield Beach, Fl**

City & State

**Deerfield Beach, Fl**

4. FEI Number

**65-0834990**

Applied For

Not Applicable

Zip

**33441**

Country

**USA**

Zip

**33441**

Country

**USA**

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

**WHITE, RUSSELL A  
 1401 E. BROWARD BLVD., SUITE 300  
 FT. LAUDERDALE FL 33301**

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **D FELD, DOROTHY**  
 STREET ADDRESS **1537 E. HILLSBOROUGH BLVD., APT. 741**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D FELD, RICHARD**  
 STREET ADDRESS **2838 ABBEY MANOR CIRCLE**  
 CITY-ST-ZIP **BROOKEVILLE MD 20833**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D FELD, JEFFREY**  
 STREET ADDRESS **1413 KELSO BLVD**  
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

*Dorothy Feld*

**3/29/01**

Days

**954-431-1504**

Daytime Phone #

CR2E034 (10/00)