

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 16, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000006538****1. Entity Name****THE ALLIANCE FOR EATING DISORDERS AWARENESS, INC.****Principal Place of Business**C/O JOHANNA S. KANDEL
11138 PONDVIEW DRIVE, SUITE D
ORLANDO FL
32825**Mailing Address**C/O JOHANNA S. KANDEL
11138 PONDVIEW DRIVE, SUITE D
ORLANDO FL
32825**2. Principal Place of Business**

C/O JOHANNA S. KANDEL

3. Mailing Address

C/O JOHANNA S. KANDEL

Suite, Apt. #, etc.

P.O. BOX 13155

City & State

NORTH PALM BEACH FL

Suite, Apt. #, etc.

P.O. BOX 3155

City & State

NORTH PALM BEACH FL

Zip

33408

Country

Zip

33408

Country

4. FEI Number**65-1080905**

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 AgentDUNKEL GARY MESQ.
GREENBERG TRAUIG, P.A.
777 S. FLAGLER DR, SUITE 300-EAST
WEST PALM BEACH FL
33401 US**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 GARY M. DUNKEL, ESQ**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

03/16/2001

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
Department of State****10. OFFICERS AND DIRECTORS**

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | T/D PEREDO JENNIFER R |
| STREET ADDRESS | 8630 OTTER CREEK COURT |
| CITY-ST-ZIP | ORLANDO FL 32829 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | S/D PEREDO MELISSA A |
| STREET ADDRESS | 8630 OTTER CREEK COURT |
| CITY-ST-ZIP | ORLANDO FL 32829 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | V/D BELILTY EDITH P |
| STREET ADDRESS | 2850 BIARRITZ DRIVE |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | P/D KANDEL JOHANNA S |
| STREET ADDRESS | 5600 NORTH FLAGLER DRIVE #1108 |
| CITY-ST-ZIP | WEST PALM BEACH FL 33407 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: Johanna Susan Kandel**

P/D

03/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)