

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 18, 2001 8:00 am
Secretary of State

04-19-2001 90036 007 ****61.25

DOCUMENT # 702175

1. Entity Name

ARTHRITIS FOUNDATION, FLORIDA CHAPTER, INC.

Principal Place of Business

303 BANYAN BLVD
 STE 401
 W PALM BEACH FL 33401

Mailing Address

303 BANYAN BLVD
 STE 401
 W PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0816892

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

CORRADO, PETER
303 BANYAN BLVD
#401
W PALM BEACH FL 33401

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)

4/11/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CDT** **VP** ☐ Delete
 NAME **ULLMANN, RHONWYN**
 STREET ADDRESS **4073 PARK AVENUE**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **Vice Chair** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DC** ☒ Delete
 NAME **CAPP, LINDA**
 STREET ADDRESS **4953 SOUTHFORK DRIVE**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **Treasurer** **T/D** ☐ Change ☒ Addition
 NAME **Charles A. Rogers**
 STREET ADDRESS **650 Celebration Ave.**
 CITY-ST-ZIP **Celebration, FL 34747**

TITLE **SVD** **P/D** ☐ Delete
 NAME **WHELTON, JOHN M**
 STREET ADDRESS **2617 N FLAGLER DRIVE, #201**
 CITY-ST-ZIP **WEST PALM BCH FL 33407**

TITLE **CHAIR** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** **V/D** ☐ Delete
 NAME **ANELLO, JOSEPH P**
 STREET ADDRESS **3719 FOREST CIRCLE**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **Vice Chair** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** **V/D** ☐ Delete
 NAME **NORMAN, EVELYN O**
 STREET ADDRESS **1258 TAMARA DR**
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **Sr. Vice Chair** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MDSC** **D** ☐ Delete
 NAME **CHRISTIAN, CHARLES**
 STREET ADDRESS **653-1 WEST 8TH STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32209-6511**

TITLE **Medical & Scientific Chair.** ☒ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

Date

(361) 655-4910

Daytime Phone #

CR2E037 (10/00)

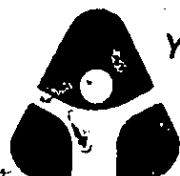
Attachment UFF 102145

Executive Committee

43096

John C. Whelton, M.D., Chair
Evelyn O. Norman, Vice Chair
Joseph P. Anello, M.D., Vice Chair
Rhonwyn Ullmann, C.T.R.S., M.A., Vice Chair
Charles Christian, M.D., M & S Chair
Charles A. Rogers, Treasurer
Barbara Kornblau, JD, OTR, Secretary
Linda Capp, C.P.A., Past Chair

Peter Corrado, President



Your Source
for Help
and Hope®

ARTHRITIS
FOUNDATION®

FLORIDA CHAPTER

Officers & Directors Continued:

John H. Mathis, Jr. D
7676 Steeple Chase Dr.
Palm Beach Gardens, FL 33418

Secretary - (Addition)

Remember the Arthritis Foundation in your will

303 Banyan Boulevard • Suite 401 • West Palm Beach, FL 33401
(561) 655-4970 • (800) 672-0882 • Fax (561) 655-2780
Web - www.arthritis.org