

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719072

NAME CHANGED 11/99

1. Entity Name

FLORIDA DIETETIC ASSOCIATION, INC.

FLORIDA DIETETIC ASSOCIATION FOUNDATION,

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90038 017 ****61.25

Principal Place of Business

Mailing Address

2339 WEDNESDAY ST
TALLAHASSEE FL 32308
US

PO BOX 12608
TALLAHASSEE FL 32317-2608
US

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

59-6155745

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

STAPELL, CHRISTINE
2339 WEDNESDAY ST
TALLAHASSEE FL 32308

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

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 PD ☐ Delete
NAME COOPER, PEGGY
STREET ADDRESS 5400 NW 39TH AVE, #Y-225
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE PD ☒ Change ☐ Addition
NAME Clara Lawhead
STREET ADDRESS 7340 Colley Road
CITY-ST-ZIP Odessa, FL 33556

TITLE PD ☐ Delete
NAME LAWHEAD, CLARA
STREET ADDRESS 7340 COLLEY ROAD
CITY-ST-ZIP ODESSA FL 33556-3966

TITLE PD ☒ Change ☐ Addition
NAME Nancy Collins
STREET ADDRESS 830 NW 156 Avenue
CITY-ST-ZIP Pembroke Pines, FL 33028-1517

TITLE S ☐ Delete
NAME JAFFE, AMY
STREET ADDRESS 1955 NE 117TH ROAD
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE S ☒ Change ☐ Addition
NAME Cristen Harris
STREET ADDRESS 810 SE 14th Ct
CITY-ST-ZIP Fort Lauderdale, FL 33316-2608

TITLE T ☐ Delete
NAME WILLS, JOHN
STREET ADDRESS 3201 BLUFFS DR
CITY-ST-ZIP LARGO FL 33770

TITLE ☐ Change ☐ Addition
NAME No change
STREET ADDRESS
CITY-ST-ZIP

TITLE ED ☐ Delete
NAME STAPELL, CHRISTINE
STREET ADDRESS 2339 WEDNESDAY ST
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME No Change
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Christine A. Stapell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINE A. STAPELL

4/19/00

Date

880 982 8880

Daytime Phone #

CR2E037 (9/99)