

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90256 033 *****61.25

CR2E037 (10/00)

DOCUMENT # 719072

1. Entity Name

FLORIDA DIETETIC ASSOCIATION FOUNDATION, INC.

Principal Place of Business

**2339 WEDNESDAY ST
 TALLAHASSEE FL 32308
 US**

Mailing Address

**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 Nancy Collins
 STREET ADDRESS 830 NW 156 Ave.
 CITY-ST-ZIP Pembroke Pines, FL 33028

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

TITLE PD ☒ Change ☐ Addition
 NAME Stephanie Petrosky
 STREET ADDRESS 3291 NW 64th St.
 CITY-ST-ZIP Ft. Lauderdale, FL 33309

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 Ft. Lauderdale, FL 33316

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

TITLE T ☒ Change ☐ Addition
 NAME Molly Gladding
 STREET ADDRESS 19 W. Palm Ave.
 CITY-ST-ZIP Lake Worth, FL 33467

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

TITLE No Change ☐ 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

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

CHRISTINE A. STAPELL

4-24-01

850 386 8850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #