

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90010 001 \*\*\*\*61.25

**DOCUMENT # 719072**

1. Entity Name

**FLORIDA DIETETIC ASSOCIATION FOUNDATION, INC.**

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**



DO NOT WRITE IN THIS SPACE

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	<input checked="" type="checkbox"/> Delete
NAME	<b>COLLINS, NANCY</b>	
STREET ADDRESS	<b>830 NE 156 AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33028</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>PETROSKY, STEPHANIE</b>	
STREET ADDRESS	<b>3291 NW 64ST</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	<b>HARRIS, CRISTEN</b>	
STREET ADDRESS	<b>810 SE 14TH CT</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33316</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>GLADDING, MOLLY</b>	
STREET ADDRESS	<b>19 W. PALM AVE.</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	ED	<input type="checkbox"/> Delete
NAME	<b>STAPELL, CHRISTINE</b>	
STREET ADDRESS	<b>2339 WEDNESDAY ST</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPHANIE PETROSKY</b>	
STREET ADDRESS	<b>3291 NW 64 ST.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33309</b>	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sandra Woodruff</b>	
STREET ADDRESS	<b>10022 Collins Hole Rd.</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Nan Jensen</b>	
STREET ADDRESS	<b>403 Harbor Dr. S.</b>	
CITY-ST-ZIP	<b>Indian Rocks Bch, FL 33785</b>	
TITLE	<b>no change</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>no change</b>	<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)(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 Stappel* **CHRYSTINE STAPELL**

Date

Daytime Phone #

*4/21/02*

*850-386-8850*

CR2E037 (9/01)