

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

08-01-2001 90198 002 \*\*\*\*61.25

**DOCUMENT # 760047**

1. Entity Name

**IRON OVERLOAD DISEASES (IOD) ASSOCIATION (INC.)**

Principal Place of Business

**433 WESTWIND DR  
 N PALM BEACH FL 33408-5123  
 US**

Mailing Address

**433 WESTWIND DR  
 N PALM BEACH FL 33408-5123**

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

**59-2127699**

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

**CRAWFORD, ROBERTA  
 433 WESTWIND DR  
 N PALM BEACH FL 33408-5123**

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  
 After September 12, 2001, min. will be \$236.25**

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 ☐ Delete  
 NAME **PD CRAWFORD, ROBERTA**  
 STREET ADDRESS **433 WESTWIND DR**  
 CITY-ST-ZIP **N PALM BCH FL**

TITLE ☐ Delete  
 NAME **VPD BARFIELD, STEPHEN**  
 STREET ADDRESS **901 BALLARD ST APT G**  
 CITY-ST-ZIP **ALTAMONTE-SPRINGS FL 32701**

TITLE ☒ Delete  
 NAME **T BRADLEY, PATRICIA**  
 STREET ADDRESS **866 N.E. 76TH STREET**  
 CITY-ST-ZIP **DELRAY BEACH FL 33487-1737**

TITLE ☐ Delete  
 NAME **S SHERMAN, ROSE, RN EDD**  
 STREET ADDRESS **102 COVENTRY PLACE**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **T Geneva Allen**  
 STREET ADDRESS **3820 Oakview Dr**  
 CITY-ST-ZIP **Richmond IN 47374-3617**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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:

*Roberta Crawford* Roberta Crawford

7-30-01 561-840-8512

CR2E037 (5/01)