

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90059 048 ****61.25

DOCUMENT # 760047

1. Entity Name

IRON OVERLOAD DISEASES (IOD) ASSOCIATION (INC.)

Principal Place of Business

Mailing Address

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

**433 WESTWIND DR
 N PALM BEACH FL 33408-2123**

5123

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2127699

Applied For

Not Applicable

Zip

Country

Zip

Country

33408 5123

33408 5123

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
 NORTH 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

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **VPD Barfield, Stephen**
 STREET ADDRESS **525 Mayflower Rd**
 CITY-ST-ZIP **N Palm Bch FL 33405**

TITLE ☐ Delete
 NAME **T ALLEN, GENEVA**
 STREET ADDRESS **3820 OAKVIEW DRIVE**
 CITY-ST-ZIP **RICHMOND IN 47374-3617**

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

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

TITLE ☐ 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

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:

Signature of Roberta Crawford
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-02 561-840-8512

Date

Daytime Phone #