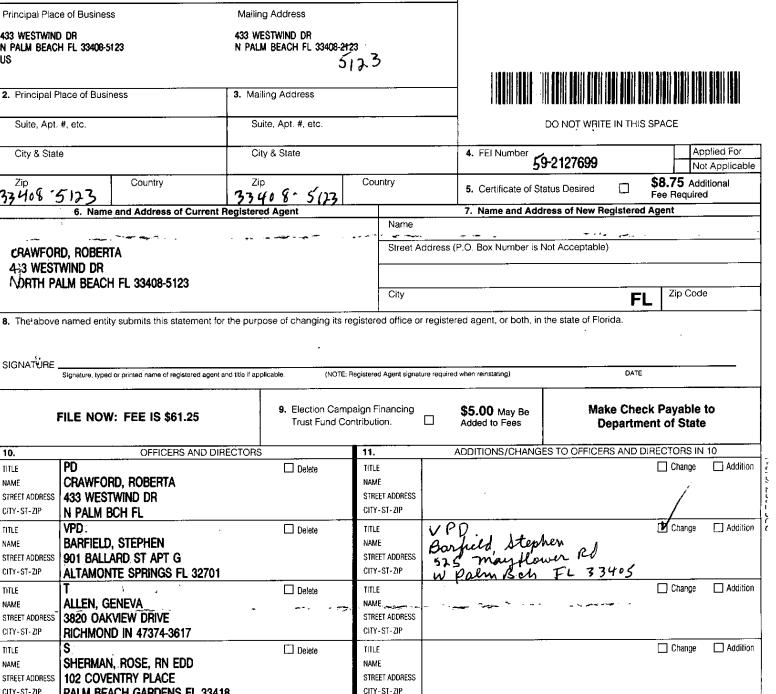
## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 760047** 1. Entity Name IRON OVERLOAD DISEASES (IOD) ASSOCIATION (INC.) Principal Place of Business Mailing Address 433 WESTWIND DR 433 WESTWIND DR N PALM BEACH FL 33408-5123 N PALM BEACH FL 33408-2123 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country 33408 5123 33408-6. Name and Address of Current Registered Agent Name CRAWFORD, ROBERTA

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

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



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 followed the 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.

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

433 WESTWIND DR

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

ADRTH PALM BEACH FL 33408-5123

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

Delete

Delete

Delete

Delete

☐ Delete

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FILE NOW: FEE IS \$61.25

CRAWFORD, ROBERTA

433 WESTWIND DR

BARFIELD, STEPHEN

901 BALLARD ST APT G

ALTAMONTE SPRINGS FL 32701

N PALM BCH FL

ALLEN, GENEVA

3820 OAKVIEW DRIVE

**RICHMOND IN 47374-3617** 

SHERMAN, ROSE, RN EDD

PALM BEACH GARDENS FL 33418

102 COVENTRY PLACE

VPD:

1-9-02

Change

Change

☐ Addition

☐ Addition