

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90213 013 ****61.25

DOCUMENT # 771286

1. Entity Name
GULF COAST DIABETES FOUNDATION, INC.



Principal Place of Business

**2100 CONSTITUTION BLVD
SARASOTA FL 34231
US**

Mailing Address

**2100 CONSTITUTION BLVD
SARASOTA FL 34231
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2340169**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MARTIN, EVA
4401 GULF OF MEXICO DR
LONGBOAT KEY FL 34228**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MARTIN, EVA**
STREET ADDRESS **4571 FORESTWOOD TRL**
CITY-ST-ZIP **SARASOTA FL 34241**

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

TITLE **TD** ☐ Delete
NAME **ALEXANDER, LYNDA H.**
STREET ADDRESS **5448 AZURE WAY**
CITY-ST-ZIP **SARASOTA FL**

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

TITLE **D** ☐ Delete
NAME **KONRADY, WALTER**
STREET ADDRESS **1591 DOGWOOD DRIVE**
CITY-ST-ZIP **SARASOTA FL 34232**

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

TITLE **VD** ☐ Delete
NAME **LEGATH, MIKE**
STREET ADDRESS **770 B PASADENA AVE S**
CITY-ST-ZIP **ST PETERSBURG FL 33707**

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

TITLE **D** ☐ Delete
NAME **FREDIMAN, JANET**
STREET ADDRESS **1401 MID GREEN CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE **D** ☐ Delete
NAME **BOLEY, SHERCE SHEREE**
STREET ADDRESS **6108 55 A TERREACE EAST**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☒ Change ☐ Addition
NAME **BOLEY, SHEREE**
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]

Date

Daytime Phone #

CR2E037 (10/02)