

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000003453

1. Entity Name

DIABETES RESEARCH AND WELLNESS FOUNDATION, INC.

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90151 048 ****61.25

80130351



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

189 BRADLEY PLACE
 PALM BEACH FL 33480

189 BRADLEY PLACE
 PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1840230

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LEBEDEKER, BERNARD A
 711 NORTH FLAGLER DRIVE
 WEST PALM BEACH FL 33401

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

After September 13, 2002,
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C ☐ Delete
 NAME ALAHOZOS, JOHN
 STREET ADDRESS 3918 MACOMB ST, NW
 CITY-ST-ZIP WASHINGTON DC 20016

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

TITLE D ☐ Delete
 NAME ARRINGTON, WILLIAM
 STREET ADDRESS 6 PLANTATION COURT
 CITY-ST-ZIP ROCKVILLE MD 20852

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

TITLE STD ☐ Delete
 NAME HARAB, JEFFREY
 STREET ADDRESS 14 LEHAVRE COURT
 CITY-ST-ZIP POTOMAC MD 20854

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

TITLE P ☐ Delete
 NAME GRETSCHER, W. MICHAEL
 STREET ADDRESS 8030 GLENGALEN LANE
 CITY-ST-ZIP CHEVY CHASE MD 20815

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
 NAME Christian Gretschel
 STREET ADDRESS 1212 Eton Ct., NW
 CITY-ST-ZIP Washington, DC 20007

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
 NAME John Denis
 STREET ADDRESS 210 East Pearson St. #4C
 CITY-ST-ZIP Chicago, IL 60611

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]*

2/11/02 2022989211

CR2E037 (4/02)