


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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90216 018 ****61.25

DOCUMENT # F99000003310

1. Entity Name
INTERSTITIAL CYSTITIS ASSOCIATION OF AMERICA, IN C.



Principal Place of Business
**110 N. WASHINGTON ST.
STE. 340
ROCKVILLE MD 20850**

Mailing Address
**110 N. WASHINGTON ST.
STE. 340
ROCKVILLE MD 20850**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **13-3292137**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SALIN, LINDA
20933 SUNSWEET CT.
LAND O LAKES FL 34639**

7. Name and Address of New Registered Agent

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 *Linda Salin* DATE **2-16-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	RATNER, VICKI MD	
STREET ADDRESS	17360 HIGH STREET	
CITY-ST-ZIP	LOS GATOS CA 95032	
TITLE	T	<input type="checkbox"/> Delete
NAME	FAYMAN, LANA	
STREET ADDRESS	5033 DEFIANCE WAY	
CITY-ST-ZIP	SAN DIEGO CA 92115	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRESBERG-GREENE, SUSAN MD	
STREET ADDRESS	93 SOUTHERN PARKWAY	
CITY-ST-ZIP	ROCHESTER NY 14618	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, ROBERT	
STREET ADDRESS	301 E WENDOVER AVE., ST. 311	
CITY-ST-ZIP	GREENSBORO NC 27401	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAM, DEETER	
STREET ADDRESS	600 FARM LANE	
CITY-ST-ZIP	DOYLESTOWN PA 18910	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENTIN, BRUCE	
STREET ADDRESS	160 SIERRA AZULE	
CITY-ST-ZIP	LOS GATOS CA 95032	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marilyn Schneider* DATE **2/6/03** 301-610-5306

CR2E037 (10/02)