2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 08:00 AM
Secretary of State

DOCUMENT # **N00000006538**

1. Entity Name
THE ALLIANCE FOR EATING DISORDERS AWARENESS, INC.

Principal Place of Business	Mailing Address
C/O JOHANNA S. KANDEL 11138 PONDVIEW DRIVE, SUITE D ORLANDO FL 32825	C/O JOHANNA S. KANDEL 11138 PONDVIEW DRIVE, SUITE D ORLANDO FL 32825

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O JOHANNA S. KANDEL	C/O JOHANNA S. KANDEL
Suite, Apt. #, etc. P.O. BOX 13155	Suite, Apt. #, etc. P.O. BOX 3155
City & State NORTH PALM BEACH FL	City & State NORTH PALM BEACH FL
Zip / Country 33408	Zip / Country 33408

4. FEI Number **65-1080905** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUNKEL GARY MESQ.
GREENBERG TRAURIG, P.A.
777 S. FLAGLER DR, SUITE 300-EAST
WEST PALM BEACH FL
33401 US

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.

SIGNATURE **GARY M. DUNKEL, ESQ** **03/16/2001**
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE	T/D	☐ Change ☒ Addition
			NAME	PEREDO JENNIFER R	
			STREET ADDRESS	8630 OTTER CREEK COURT	
			CITY-ST-ZIP	ORLANDO FL 32829	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE	S/D	☐ Change ☒ Addition
			NAME	PEREDO MELISSA A	
			STREET ADDRESS	8630 OTTER CREEK COURT	
			CITY-ST-ZIP	ORLANDO FL 32829	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE	V/D	☐ Change ☒ Addition
			NAME	BELILTY EDITH P	
			STREET ADDRESS	2850 BIARRITZ DRIVE	
			CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE	P/D	☐ Change ☒ Addition
			NAME	KANDEL JOHANNA S	
			STREET ADDRESS	5600 NORTH FLAGLER DRIVE #1108	
			CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE		☐ Change ☐ Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE		☐ Change ☐ Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		

CR2E037 (11/00)

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: Johanna Susan Kandel P/D 03/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #