

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000000060

1. Entity Name

CYPRESS DIETETIC ASSOCIATION, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90507 027 *****61.25

Principal Place of Business

P. O. BOX 12608

TALLAHASSEE FL 32317-2608

Mailing Address

P. O. BOX 12608

TALLAHASSEE FL 32317-2608

2. Principal Place of Business

3. Mailing Address

129 Audobon Rd

Suite, Apt. #, etc.

Attn: Susan Kistler

Winter Haven, FL

Zip 33884

Country USA



DO NOT WRITE IN THIS SPACE

City & State

City & State

FEI Number

65-0414541

Applied For

Not Applicable

Zip

Country

Zip

33884

Country

USA

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

STAPELL, CHRISTINE
2339 WEDNESDAY ST.
TALLAHASSEE FL 32308

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

Christine Stapell, MS, RD, LD

3-1-01

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	PD	<input type="checkbox"/> Delete
NAME	GAST, MICHELLE	
STREET ADDRESS	5115 N. SOCRUM 60B RD.-#331	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KISTLER, SUSAN	
STREET ADDRESS	129 AUDOBON RD.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COANE, MARY	
STREET ADDRESS	1222 EDGERTON DR.	
CITY-ST-ZIP	VALRICO FL 33880	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NORFLEET, BRENDA	
STREET ADDRESS	2421 CRUMP RD.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	Mary Cozine	<input checked="" 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:

Melinda G. Green, MS, RD, LD / Michelle Gast 3-1-01 863-680-2293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

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