

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

02-19-2002 90122 012 ****61.25

DOCUMENT # N01000000732

1. Entity Name

PANHANDLE DISTRICT DIETETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 12608
TALLAHASSEE FL 32317-2608

P O BOX 12608
TALLAHASSEE FL 32317-2608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

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 A
2339 WEDNESDAY ST
TALLAHASSEE FL

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

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 ☒ Delete
NAME **P**
STREET ADDRESS **LITTLE, JANE A**
CITY - ST - ZIP **P O BOX 28297**
PANAMA CITY FL 32411

TITLE ☒ Change ☐ Addition
NAME **R**
STREET ADDRESS **Riley, Kathryn A (D)**
CITY - ST - ZIP **6447 Oak Shore Drive**
Panama City Florida 32404

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **RILEY, KATHY A**
CITY - ST - ZIP **6447 OAKSHORE DR**
PANAMA CITY FL 32404

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **Cindy Shipman (D)**
CITY - ST - ZIP **P O Box 27239**
Panama City FL 32422

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **WOOD-KLUKAS, ROBIN L**
CITY - ST - ZIP **2848F HARRISON AVE**
PANAMA CITY FL 32505

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **Pauli, Carma (D)**
CITY - ST - ZIP **HC-3 Box 40227**
Port St. Joe Florida 32456

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **SANDERS, AMITY**
CITY - ST - ZIP **103F DOWNING ST**
PANAMA CITY BEACH FL 32413

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **Bernstein, Patty (T)**
CITY - ST - ZIP **123 Rose Coral Drive**
Panama City FL 32408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Feb 2002 850 872-4666

Date

Daytime Phone #

CR2E037 (9/01)

Attachment 2 B03
Doc #NO1000000732

22 March 2002

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir/Madam,

I received the 2002 Uniform Business Report back from your office on March 11, 2002. I have made the corrections to the form per your direction. We are in the process of applying for the FEI number and will provide you with that number as soon as we get it. If you have any questions, please contact me at (850) 872-4666.

Sincerely,



Kathryn A. Riley MS/RD
President and Director , Panhandle District Dietetic Association, Inc.