

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000002980

FILED  
May 09, 2003  
Secretary of State

**Entity Name:** CALOOSA DIETETIC ASSOCIATION CORPORATION

**Current Principal Place of Business:**

2339 WEDNESDAY ST  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2339 WEDNESDAY ST  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 65-0411082

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STAPELL, CHRISTINE  
2339 WEDNESDAY ST  
TALLAHASSEE, FL 32308

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PRICE, LORRAINE A  
Address: 2025 RIVER REACH DR #351  
City-St-Zip: NAPLES, FL 34104

Title: T ( ) Delete  
Name: OLDS, ANDREA  
Address: 18944 PINE RUN LN  
City-St-Zip: FT MYERS, FL 33912

Title: S ( ) Delete  
Name: WILKINS, JENNY  
Address: 18340 ORIOLE RD  
City-St-Zip: FT MYERS, FL 33912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CAPPS, CHRISTINE  
Address: 18013 LAUREL VALLEY RD  
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change ( ) Addition  
Name: OLDS, ANDREA  
Address: 18944 PINE RUN LN  
City-St-Zip: FT MYERS, FL 33912

Title: D (X) Change ( ) Addition  
Name: WHALEY, JETTA  
Address: 3708 SE 8TH PLACE  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE CAPPS

D

05/09/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date