

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31126

1. Entity Name

TALLAHASSEE DIETETIC ASSOCIATION, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90270 016 ****61.25

Principal Place of Business

Mailing Address

2339 WEDNESDAY STREET
TALLAHASSEE FL 32308

2339 WEDNESDAY STREET
TALLAHASSEE FL 32308-4348

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3032000

Applied For

Not Applicable

Zip

Country

Zip

Country

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 STREET
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

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 D ☒ Delete
NAME GILBERT, LEAH
STREET ADDRESS 2335 MERRIGAN PLACE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE PRESIDENT P/D ☒ Change ☐ Addition
NAME EVETTE O CONNOR
STREET ADDRESS 3091 HARPER'S FERRY DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☒ Delete
NAME FARMER, ANDREA
STREET ADDRESS 4910 LESTER ROAD
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE SECRETARY S/D ☒ Change ☐ Addition
NAME RENE KANE
STREET ADDRESS 8125 BLUE QUILL TRAIL
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D ☒ Delete
NAME JAMES, LYNN
STREET ADDRESS 401 LOCKSLEY LANE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE TREASURER T/D ☒ Change ☐ Addition
NAME MYRA BLANCHARD
STREET ADDRESS P.O. BOX 10183
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRESIDENT-ELECT V/D ☐ Change ☒ Addition
NAME DENISE HALL
STREET ADDRESS P.O. BOX 15276
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NOMINATING CHAIR D ☐ Change ☒ Addition
NAME NANCY SMITH
STREET ADDRESS 71 RIVERSIDE ROAD
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

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:

Myra Blanchard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MYRA D. BLANCHARD, TREASURER

1-19-2010

656-8869

Date

Daytime Phone #

CR2E037 (9/99)