

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90163 024 ****61.25

DOCUMENT # N31126

1. Entity Name

TALLAHASSEE DIETETIC ASSOCIATION, INC.



Principal Place of Business

**2339 WEDNESDAY STREET
TALLAHASSEE FL 32308**

Mailing Address

**2339 WEDNESDAY STREET
TALLAHASSEE FL 32308**

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 **59-3032000**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STAPELL, CHRISTINE A
2339 WEDNESDAY STREET
TALLAHASSEE FL 32308**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD LAWS, SUZANNE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7758 DEEPWOOD TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE NAME	SD NARLOW, KRISTEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5717 DOONESBURY WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE NAME	TD AUGUSTINE, CLARA LOUISE	<input type="checkbox"/> Delete
STREET ADDRESS	4405 SHANNON LAKES WEST	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE NAME	PEVD GOLLOP, LESLIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1505 HILLTOP DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE NAME	NCD MAGNUSON, AMY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10523 BLUE WING COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Président D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Leslie Gollop	
CITY-ST-ZIP	1505 Hilltop Drive, Talla, FL 32303	
TITLE NAME	Secretary D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Michele Moore	
CITY-ST-ZIP	5609 Grove Valley Court Tallahassee, FL 32303	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Tallahassee, FL 32309	
CITY-ST-ZIP		
TITLE NAME	Vice President Elect D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Delores Truesdell	
CITY-ST-ZIP	3036 Shamrock Street South Tallahassee, FL 32309	
TITLE NAME	Nominating Committee Chairman D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Pam Schmidt	
CITY-ST-ZIP	4048 Brandon Hill Drive Tallahassee, FL 32309	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Leslie Gollop Jan. 14, 2003

656-4800

CR2E07 (10/02)