2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 10, 2000 8:00 am
Secretary of State
05-17-2000 90969 023 ****61.25

DOCUMENT # N45771

1. Entity Name

EAST CENTRAL DIETETIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 536217 ORLANDO FL 32853-6217	P.O. BOX 536217 ORLANDO FL 32853-6217

DO NOT WRITE IN THIS SPACE

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 NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARPENTER, MARY LU
1008 QUAKER RIDGE CT
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name Gayle-Brazzi-Smith

Street Address (P.O. Box Number is Not Acceptable)

244 Dublin Dr.

City Lake Mary FL Zip Code 32746

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 Gayle Brazzi Smith (Gayle Brazzi Smith) 3-14-00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUCE, MERIDITH 6088 MARLBERRY DR ORLANDO FL 32819	☑ Delete	D Gayle Brazzi Smith 244 Dublin Dr Lake Mary, Fl 32746	☑ ~~Change~~ ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCEWEN, BEVERLY 220 SPRINGWIND WAY CASSELBERRY FL	☑ Delete	D Linda Ammon 13640 Lake Mary Jane Rd Orlando, Fl 32832	☑ ~~Change~~ ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, EDWARD L 6057 408 LAKE POINTE DR ORLANDO FL 32822	☑ Delete	D Edith Welsh 6561 Franconia Dr Belle Isle, Fl 32812	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Valerie Schulz 1800 Crowley Circle Longwood, Fl 32779	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: Gayle Brazzi Smith (Gayle Brazzi Smith) 3/14/00 407-841-5711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # x8362