2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 02, 2001 8:00 am
Secretary of State
01-29-2001 90168 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

- 64319

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	7. Name and Address of New Registered Agent
SMITH, GAYLE B 244 DUBLIN DR. LAKE MARY FL 32746	Name Linda Ammon Street Address (P.O. Box Number is Not Acceptable) 13640 LK MARY JANE Rd City Orlando FL Zip Code 32832

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] (Linda O. Ammon) 1/18/01
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 SCHULZ, VALERIE 1800 CROWLEY LONGWOOD FL 32779	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, GAYLE B 244 DUBLIN DR. LAKE MARY FL 32746	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Barbara Borrell 5528A Cinderlane Parkway Orlando FL 32808	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMMON, LINDA 13640 LAKE MARY JANE DR. ORLANDO FL 32832	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDITH, WELSH 6561 FRANCONIA DR. ORLANDO FL 32812	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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] (Linda O. Ammon) 1/18/01 407 649-9111 x1970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #