## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jul 07, 2000 8:00 am Secretary of State DOCUMENT # N95000003385 1. Entity Name CENTRAL FLORIDA ASSOCIATION OF DIABETES EDUCATOR 07-07-2000 90460 049 \*\*\*\*61.25 Mailing Address Principal Place of Business P.O. BOX 582 P.O. BOX 582 ORLANDO FL 32802-0582 ORLANDO FL 32802-0582 UUU68621 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 36-3488423 Not Applicable Zip Country ~~ \$8.75 Additional Country \_\_\_\_\_ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JOHNSON, JON 606 DEARBORN AVE ALTAMONTE SPRINGS FL 32701 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State Added to Fees FEE'IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change Addition PED ☐ Delete TITLE TITLE JOSWICK, BARBARA NAME NAME Joswick, Barbara 🗀 1986 KENASTON Rd STREET ADDRESS STREET ADDRESS 1986 KENASTON RD MAITLAND, PL. 32751 CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 Delete ☐ Change ☐ Addition TITLE TITLE RIVERA, MARIA EVITA MAME NAME STREET ADDRESS STREET ADDRESS 2440 ALBURY AVE \*\* CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32738 S**hange Addition ☐ Delete TITLE TD TITLE CAROL CHRESA, MAUREEN NAME NAME 2812 Charmont Drive STREET ADDRESS STREET ADDRESS 535 NORTH BRIDGE DR CITY-ST-78 CITY-ST-ZIP ALTAMONT SPRINGS FL 32714 Change Addition TITLE TITLE Delete NAME FORMAN, MULAINE NAME STREET ADDRESS STREET ADDRESS 292 CAMBRIDGE DR CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

407 8415711 x3772S

Daytime Phone #

☐ Change

Addition