

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 11, 2000 8:00 am
Secretary of State

03-15-2000 90112 011 ****61.25

DOCUMENT # N96000000115

1. Entity Name

DIABETIC FOUNDATION OF AMERICA, INC.

Principal Place of Business

Mailing Address

301 CLEMATIS
STE 3000
WEST PALM BEACH FL 33408
US

301 CLEMATIS STREET
STE 3000
WEST PALM BEACH FL 33401-4609
US

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

65-0645623

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

ESKELINEN, ANNE
35 GRAND BAY CIRCLE
JUNO BEACH FL 33408

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRELL, DR R MACK	
STREET ADDRESS	6405 N. FED HWY STE 404	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TANNER, MARK	
STREET ADDRESS	5100 TOWN CNTR CIR 6TH FL TOWER 2	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JASSENOFF, DAVID S	
STREET ADDRESS	1897 PALM BCH LAKES BLVD STE 120	
CITY-ST-ZIP	WPB FL 33409	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSBURG, HELEN - D	
STREET ADDRESS	1460 N. LAKE WAY	
CITY-ST-ZIP	PB FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESKELINEN, ANNE	
STREET ADDRESS	35 GRAND BAY CIR	
CITY-ST-ZIP	JUNO BCH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeanne Keenan - T	
STREET ADDRESS	761 Hummingbird Way #103	
CITY-ST-ZIP	N.P.A., FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anne Eskelinen	
STREET ADDRESS	35 Grand Bay Cir.	
CITY-ST-ZIP	Juno Bch FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/8/00

CR2E037 (9/99)