

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

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90331 049 ****61.25

DOCUMENT # N96000000115

1. Entity Name

DIABETIC FOUNDATION OF AMERICA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4820 Park Boulevard

Suite, Apt. #, etc.

3. Mailing Address

4820 Park Boulevard

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pinellas Park, FL

City & State

Pinellas Park, FL

4. FEI Number

65-0645623

Applied For

Not Applicable

Zip

33781

Country

USA

Zip

33781

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

O'Connor, Patrick M., Esquire

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

O'Connor & Associates

2240 Belleair Road, Suite 160

City

Clearwater

FL

Zip Code

33764

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25

Initial or Amended UBR

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

DP

NAME

Oberding, John W.

STREET ADDRESS

4820 Park Boulevard

CITY-ST-ZIP

Pinellas Park, FL 33781

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: John W. Oberding

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)