

2000 UNIFORM BUSINESS REPORT (UBR)

5/1:

FILED

Jul 05, 2000 8:00 am
Secretary of State

05-15-2000 90233 035 ****70.00

DOCUMENT # N96000003404

1. Entity Name

THE TAMPA DIETETIC ASSOCIATION, INC.

R

Principal Place of Business

Mailing Address

2780 E FOWLER AVE
#149
TAMPA FL 33612
US

2780 E FOWLER AVE
#149
TAMPA FL 33612-6297
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

59-2230690

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOCKTER, TONIA
10801 SAILBROKE DR
RIVERVIEW FL 33569

Name Carolyn Collins, MPA, RD, LD/N

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

4002 W. LaSalle Street

City Tampa

FL

Zip Code 33607

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

Carolyn Collins, MPA, RD, LD/N President

June 10, 2000

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MACKAY, CAROLE	
STREET ADDRESS	1846 RIDGE LAKE CT	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, CAROLYN	
STREET ADDRESS	4002 LASALLE ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DOCKTER, TONIA	
STREET ADDRESS	10801 SAILBROOKE DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denise Overbey	
STREET ADDRESS	29307 Yarrow Drive	
CITY-ST-ZIP	Wesley Chapel, FL 33543	
TITLE	V-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Gardiner	
STREET ADDRESS	6214 Golden Moss Way	
CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCoy, Stephanie	
STREET ADDRESS	8801 Hunter's Lake Dr. # 1215	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle Pugsley	
STREET ADDRESS	3216 Stevenson Street	
CITY-ST-ZIP	Plant City, FL 33567	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denise Overbey	
STREET ADDRESS	29307 Yarrow Drive	
CITY-ST-ZIP	Wesley Chapel, FL 33543	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carolyn Collins	
STREET ADDRESS	4002 W. LaSalle Street	
CITY-ST-ZIP	Tampa, FL 33607	

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:

Tonia R Dockter, Treasurer

4/26/00

correction below
(813) 672-9044

Carolyn Collins, MPA, RD, LD/N, President

6/10/00

(813) 251-7000

Ext. 66229

Beeper 15639

Carolyn Collins, MPA, RD, LD/N President

CR2E037 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

5/15/00-90233-035-\$70.00-\$70.00

DOCUMENT # N96000003404

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THE TAMPA DIETETIC ASSOCIATION, INC.

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307253

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Mailing Address

2780 E FOWLER AVE
#149
TAMPA FL 33612
US

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Not Applicable

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7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

DOCKTER, TONIA
10801 SAILBROKE DR
RIVERVIEW FL 33569

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 \$81.25

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	PD MACKEY, CAROLE 1846 RIDGE LAKE CT WESLEY CHAPEL FL 33543	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLLINS, CAROLYN 4002 LASALLE ST TAMPA FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOCKTER, TONIA 10801 SAILBROOKE DR RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Denise Overbay 29307 Yarrow Drive Wesley Chapel, FL 33543	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Karen Gardiner 6214 Golden Moss Way Temple Terrace, FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

Tonia R Dockter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tonia R Dockter,
Treasurer

4/26/00

Date

(813) 672-9044

Daytime Phone #

CR2E037 (9/99)

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NAME Denise Overbey
STREET ADDRESS 29307 Yarrow Drive
CITY-ST-ZIP Wesley Chapel 33543

TITLE PD ☐ Change ☒ Addition
NAME Carolyn Collins
STREET ADDRESS 4002 W. LaSalle street
CITY-ST-ZIP Tampa, FL 33607

TITLE VP ☐ Delete
NAME Karen Gardiner
STREET ADDRESS 6214 Golden Moss Way
CITY-ST-ZIP Temple Terrace, FL 33617

TITLE VD ☒ Change ☐ Addition
NAME Denise Overbey
STREET ADDRESS 29307 Yarrow Drive
CITY-ST-ZIP Wesley Chapel 33543

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME Stephanie McCoy
STREET ADDRESS 8801 Hunter Lake Dr. #1215
CITY-ST-ZIP Tampa, FL 33647

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME Michelle Pugsley
STREET ADDRESS 3216 Stevenson Street
CITY-ST-ZIP Plant City, FL 33567

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME Tonia Dockter
STREET ADDRESS 10801 Sailbrooke Drive
CITY-ST-ZIP Riverview, FL 33589

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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Carolyn Collins, MPA, RD, LD/N President

June 10, 2000 (813) 251-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ext. 66229
Beeper 15639

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