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# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 21, 2001 8:00 am**
**Secretary of State**
06-02-2001 90008 014 ****61.25

DOCUMENT # N97000007163 (VA)

1. Entity Name
Manasota Dietetic Association Incorporated
49

| Principal Place of Business | Mailing Address |
|---|---|
| | 4911 Avon Lane<br>Sarasota, FL 34238 |

[redacted]

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1006115 ☐ 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 |
|---|---|
| Rachel Chambers<br>4911 Avon Lane<br>Sarasota FL 34238 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Rachel Chambers 5/26/01
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 | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Rachel Chambers<br>4911 Avon Lane<br>Sarasota FL 34238 | ☒ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☒ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Marylee Mull<br>1370 Carlton Arms Dr Apt B<br>Bradenton, FL 34208 | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☒ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P (D)<br>Sallie L. Engler<br>7821 Troon Ct<br>Bradenton, FL 34202<br>Manorcare of Venice<br>1450 Venice Ave East<br>Venice FL 34285 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP (D)<br>Louise Kondell<br>5014 Olivia Rd<br>Venice, FL 34293<br>DeVita Dialysis<br>816 Pinebrook Rd<br>Venice, FL 34285 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S (D)<br>Marylee Mull<br>1370 Carlton Arms Dr Apt B<br>Bradenton, FL 34208<br>Fresenius Medical Care<br>5702 Pointe West Blvd<br>Bradenton FL 34209 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T (D)<br>Flurey Miller<br>12723 Rockrose Glen<br>Bradenton, FL 34202<br>self employed | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (11/00)

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:** Rachel A. Chambers / RDLD 5/26/01 941-483-7528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #