

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000001931**

1. Entity Name

**AMERICAN HEMOCHROMATOSIS SOCIETY, INC.**

Principal Place of Business

777 E ATLANTIC AVE STE Z-363  
DELRAY BEACH FL 33483-5352

Mailing Address

777 E ATLANTIC AVE STE Z-363  
DELRAY BEACH FL 33483-5360

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0823619**

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

**SNYDER, DAVID**  
**124 MARINE WAY STE 19**  
**DELRAY BEACH FL 33483**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**D**  
**THOMAS, SANDRA A**  
**777 E ATLANTIC AVE STE Z-363**  
**DELRAY BEACH FL 33483-5352**☐ Delete☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**D**  
**SNYDER, DAVID G**  
**777 E ATLANTIC AVE STE Z-363**  
**DELRAY BEACH FL 33483-5352**☐ Delete☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**D**  
**MUNN, CINDY**  
**777 E ATLANTIC AVE STE Z-363**  
**DELRAY BEACH FL 33483-5352**☐ Delete☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete☐ Change ☐ Addition

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:

**David G. Snyder**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90015 030 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

**1/15/00****1/15/00 561-266-9037**