

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90262 029 ****70.00

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 33483-5352**

912222



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

Name

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

City

FL

Zip Code

SNYDER, DAVID

**124 MARINE WAY STE 19
DELRAY BEACH FL 33483**

955 Indigo Point

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

David Snyder V.P.

1/26/2001

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 ☐ Delete
NAME **D**
STREET ADDRESS **THOMAS, SANDRA A**
CITY-ST-ZIP **777 E ATLANTIC AVE STE Z-363
DELRAY BEACH FL 33483-5352**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SNYDER, DAVID G**
CITY-ST-ZIP **777 E ATLANTIC AVE STE Z-363
DELRAY BEACH FL 33483-5352**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MUNN, CINDY**
CITY-ST-ZIP **777 E ATLANTIC AVE STE Z-363
DELRAY BEACH FL 33483-5352**

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

TITLE ☐ Delete
NAME **see attached sheet**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

David G. Snyder **David G. Snyder** *1/26/2001* **561-266-9037**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment

NA8000001931

912722

American Hemochromatosis Society, Inc.

Officers & Directors:

Sandra Thomas
President/Founder
955 Indigo Point
Gulf Stream, FL 33483-6109

David Geise Snyder
Vice-President/Executive Director
955 Indigo Point
Gulf Stream, FL 33483-6109

Cindy Munn, RN
Secretary
742 Piketon Rd.
Lucasville, OH 45648

Sandra Spangler
Treasurer
1510 W. Calle Tiburon
Tucson, AZ 85704-1054

Directors:

Barry Hunter
599 NW 14th Ave.
Boca Raton, 33486-3229

Linda Hunter
599 NW 14th Ave.
Boca Raton, 33486-3229

Alison Reilly
1692 Northern Blvd.
Laurel Hollow, NY 11791

Christopher Reilly
1692 Northern Blvd.
Laurel Hollow, NY 11791

Daniel Snyder
642 Burton Ave.
Highland Park, IL 60035