

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90056 044 ****61.25

DOCUMENT # N98000004221

1. Entity Name

THE PALM BEACH DIETETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 21683
 WEST PALM BEACH FL 33416-1683

POST OFFICE BOX 21683
 WEST PALM BEACH FL 33416-1683

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

65-0794615

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

FROELICH, TRISH
13686 CALLINTON DR
WELLINGTON FL 33414

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: **D** ☒ Delete
 NAME: **GRIGAS, CORAL**
 STREET ADDRESS: **10200 S OCEAN DR #506**
 CITY-ST-ZIP: **JENSEN BEACH FL 34957**

TITLE: **DIRECTOR** ☐ Change ☒ Addition
 NAME: **LISA ADASIAK**
 STREET ADDRESS: **363 W. RIVERSIDE DR**
 CITY-ST-ZIP: **TEQUESTA, FL 33469**

TITLE: **D** ☒ Delete
 NAME: **FROELICH, TRISH MS, RD**
 STREET ADDRESS: **13686 CALLINGTON DRIVE**
 CITY-ST-ZIP: **WELLINGTON FL 33414**

TITLE: **DIRECTOR** ☐ Change ☒ Addition
 NAME: **DONNA WARD**
 STREET ADDRESS: **16201 E AQUADUCT DR.**
 CITY-ST-ZIP: **LOXAHATCHEE, FL 33470**

TITLE: **D** ☐ Delete
 NAME: **BERNSTEIN, KATHERINE**
 STREET ADDRESS: **4652 SW BRANCH TERR.**
 CITY-ST-ZIP: **PALM CITY FL 34990**

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

TITLE: **D** ☒ Delete
 NAME: **STEINER, TAMMY**
 STREET ADDRESS: **1850 BAINSTABLE RD**
 CITY-ST-ZIP: **WELLINGTON FL**

TITLE: **DIRECTOR** ☐ Change ☒ Addition
 NAME: **PAULA TRIANA**
 STREET ADDRESS: **PO BOX 2563**
 CITY-ST-ZIP: **PALM BEACH, FL 33480**

TITLE: **D** ☒ Delete
 NAME: **CARGILL, DENISE**
 STREET ADDRESS: **7061 GARDEN RD**
 CITY-ST-ZIP: **RIVIERA BEACH FL**

TITLE: **DIRECTOR** ☐ Change ☒ Addition
 NAME: **LESLIE WOLF**
 STREET ADDRESS: **8601 SQUARE LAKE DRIVE**
 CITY-ST-ZIP: **PALM BEACH GARDENS, FL 33418**

TITLE: **D** ☒ Delete
 NAME: **KOERBER, TANIA**
 STREET ADDRESS: **4270 GARDENIA DR**
 CITY-ST-ZIP: **PLAM BEACH FL 33467**

TITLE: **DIRECTOR** ☐ Change ☒ Addition
 NAME: **DEBRA SHADLE**
 STREET ADDRESS: **126 VICTORIAN LANE**
 CITY-ST-ZIP: **JUPITER, FL 33458**

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: **CORAL GRIGAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 (561)223-5945 6912

Date Daytime Phone #

CR2E037 (10/00)