

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000004221

FILED
Apr 13, 2002 8:00 AM
Secretary of State

Entity Name: THE PALM BEACH DIETETIC ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 21683
WEST PALM BEACH, FL 334161683

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 21683
WEST PALM BEACH, FL 334161683

New Mailing Address:

FEI Number: 65-0794615 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FROELICH, TRISH
13686 CALLINTON DR
WELLINGTON, FL 33414

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ADASIAK, LISA
Address: 363 W RIVERSIDE DR
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: WARD, DONNA
Address: 16281 E AQUADUCT DR
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: BERNSTEIN, KATHERINE
Address: 4652 SW BRANCH TERR.
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: TRIANA, PAULA
Address: P.O. BOX 2563
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: WOLF, LESLIE
Address: 8601 SQUARE LAKE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: SHADLE, DEBRA
Address: 126 VICTORIAN LANE
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ADASIAK-BECK, LISA
Address: 363 W RIVERSIDE DR
City-St-Zip: TEQUESTA, FL 33469

Title: P/D (X) Change () Addition
Name: WARD, DONNA
Address: 16281 E AQUADUCT DR
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V/D (X) Change () Addition
Name: PERRY, THERESA
Address: 7333 NAUTICA WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: S/D (X) Change () Addition
Name: JOYNER, ELLEN
Address: 5100 SHERMAN ROAD
City-St-Zip: WEST PALM BEACH, FL 33415

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T/D (X) Change () Addition
Name: SHADLE, DEBRA
Address: 126 VICTORIAN LANE
City-St-Zip: JUPITER, FL 33458

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA SHADLE

T/D

04/13/2002

Electronic Signature of Signing Officer or Director

Date