

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007368

1. Entity Name

THE DIABETES SUPPORT GROUP OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

4116 SE 20TH PL  
#101  
CAPE CORAL FL 33904

4116 SE 20TH PL  
#101  
CAPE CORAL FL 33904

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

65-0908296

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

EDEN, FRED  
4116 SE 20TH PL  
#101  
CAPE CORAL FL 33904

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 PD  
NAME EISENBERG, BARBARA ☐ Delete  
STREET ADDRESS 1516-102 W CAPE CORAL PKWY  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4702 SW 25th Court  
CITY-ST-ZIP Cape Coral, FL 33914

TITLE TD  
NAME EDEN, FRED ☐ Delete  
STREET ADDRESS 4116 SE 20TH PLACE  
CITY-ST-ZIP CAPE CORAL FL 33904

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

TITLE SD  
NAME TINARI, MARY ☐ Delete  
STREET ADDRESS 240 SE 43RD TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33904

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  
NAME  
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

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: [Signature] SIGNATURE REQUIRED

FILED  
Jan 09, 2002 8:00 am  
Secretary of State

01-09-2002 90021 002 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)

1/9/02 (941) 544-6028