

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90025 019 ****61.25

DOCUMENT # P33953

1. Entity Name

INTERNATIONAL ASSOCIATION OF EATING DISORDERS PR

Principal Place of Business

**427 CENTER POINT CIR
 STE 1819
 ALTAMONTE SPRINGS FL 32701
 US**

Mailing Address

**427 CENTER POINT CIR
 STE 1819
 ALTAMONTE SPRINGS FL 32701
 US**

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

33-0143040

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

**SHAFE, MARIE C DR
 427 CENTER POINT CIR
 STE 1819
 ALTAMONTE SPRINGS FL 32701**

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 **ERLICHMAN, S. ROY PHD.**
 STREET ADDRESS **427 CENTRE PT CIRCLE-STE 1819**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **D** ☐ Change ☒ Addition
 NAME **HARKEN, BONNIE**
 STREET ADDRESS **427 CENTER POINTE CIR, STE 1819**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **D** ☐ Delete
 NAME **SHAFE, MARIE**
 STREET ADDRESS **123 NW 13 STREET #206**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **SHAFE, MARIE ED.D.**
 STREET ADDRESS **427 Center POINTE CIR, STE 1819**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **D** ☐ Delete
 NAME **BERKUS, VICKI MD**
 STREET ADDRESS **427 CENTRE PT CIRCLE-STE 1819**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **D** ☐ Change ☒ Addition
 NAME **RESSLER, ADRIENNE**
 STREET ADDRESS **427 CENTER POINTE CIR, STE 1819**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **D** ☐ Delete
 NAME **EMMETT, BISHOP, JR MD**
 STREET ADDRESS **427 CENTRE PT CIRCLE-STE 1819**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **D** ☐ Change ☒ Addition
 NAME **WILSON, RICHARD PHD**
 STREET ADDRESS **427 CENTER POINTE CIR, STE 1819**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **STRAUSS, BERNARD**
 STREET ADDRESS **427 CENTER POINTE CIR, STE 1819**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **BELLOFATTO, MARY**
 STREET ADDRESS **427 CENTER POINTE CIR, STE 1819**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

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:

MANA REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01
 Date

407-831-7099
 Daytime Phone #

CR2E037 (10/00)