2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000054983** 1. Entity Name AMERICAN DIABETIC FOUNDATION, INC. Principal Place of Business Mailing Address 336 SE 15TH AVENUE 336 SE 15TH AVENUE DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441-4433

FILED Apr 12, 2000 8:00 am Secretary of State

04-12-2000 90009 016 ***150.00



2. Principal Pl	ace of Busin	ess	3. Mailing Address							
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State	 .		City & State			4. F	4. FEI Number 65-0834990APPLIED FOR		Applied For Not Applicable	
Zip		Country	Zìp	Zip Count			5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
						Name				
1401		.l. a Ard Blvd., suite 300 .e fl 33301			Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Cod	e	
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.										
WE THO ADDITION OF THE PROPERTY OF THE PROPERT										
SIGNATI IDE										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Tax filing re		ible to satisfy its Intangible and elects to do so.	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.0 Make Check Payable to Department of \$			Election Campaign Financing Trust Fund Contribution.		O May Be to Fees	
11. OFFICERS AND DIRECTORS				12.	. ,	AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS \(\) CITY-ST-ZIP	1007 C. FILECOPORTO COM PETON, FM F							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELD, RIC 2838 ABE		☐ Delete		ì			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete TITI FELD, JEFFREY 8755 SUMMERVILLE PLACE TITI NAI STR					1413	, JEFFREY Kelso Blvd. ermere, Florida 34786	X Change	☐ Addition	
TITLE NAME STREET ADDRESS : CITY-ST-ZIP			☐ Delete	4				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete .					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	E ET ADDRESS - ST- ZIP	in One il	119.07/3)(i) Florida Statutes I further ce	Change	Addition	

Thereby being that the information supplied with this hilling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or suppliemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other-like empowered.

SIGNATURE:

Dorothy Feld

(**9**54) 421–1504