

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90006 031 \*\*\*150.00

**DOCUMENT # P99000037770**

1. Entity Name

**CHRISTINE BANDY, MS.RD.LD/N & ASSOCIATES, PA**

*f*

Principal Place of Business

**12300 ALTERNATE A1A  
SUITE 114  
PALM BEACH GARDENS FL 33410**

Mailing Address

**12300 ALTERNATE A1A  
SUITE 114  
PALM BEACH GARDENS FL 33410**

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

**65-0916061**

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

**BANDY, CHRISTINE  
12300 ALTERNATE A1A  
SUITE 114  
PALM BEACH GARDENS FL 33410**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **BANDY, CHRISTINE**  
STREET ADDRESS **12300 ALTERNATE A1A SITE 114**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 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:

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

**7/7/00**  
Date

**5616253287**  
Daytime Phone #

CR2E034 (5/00)

CHRISTINE BANDY, MS, RD, LD, CNSD, CDE

Registered & Licensed Dietitian / Nutritionist  
Certified Diabetes Educator

Attachment  
OH# P9900003770  
DU076342

1411 N. Flagler Dr. Suite 8700  
West Palm Beach, FL 33401  
(561) 625-3287

CHRISTINE BANDY  
REGISTERED  
12300 ALTERNATE AVENUE  
PALM BEACH GARDENS FL 33410

7/8/00

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom it May Concern:

Enclosed please find completed 2000 UBR  
for Christine Bandy & Associates, PA. We did not  
receive any correspondence prior to this, however,  
are now aware that we must submit this  
every year by May, as we are a new corporation.  
We have submitted fee of \$150.00. Thank you  
for your consideration.

Cordially,

Christine Bandy