

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 751965

FILED
Jan 15, 2002 8:00 AM
Secretary of State

Entity Name: ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, SOUTHEAST FLORIDA
CHAPTER, INC.

Current Principal Place of Business:

8333 W MCNAB RD.SUITE 210
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

8333 W MCNAB RD.SUITE 210
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 59-2008883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMOLANSKY, JEFF
8333 W MCNAB RD #210
TAMARAC, FL 33321 US

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: VD () Delete
Name: LEVINE, CHRISTINE
Address: 1607 NW 80 AVE #34D
City-St-Zip: POMPANO BEACH, FL 33063

Title: VD () Delete
Name: LAMM, ROBERT B
Address: 2588 NW 64TH BLVD
City-St-Zip: BOCA RATON, FL 33496

Title: TD () Delete
Name: WILDER, GREGORY CPA
Address: 1110 PONCE DE LEON DR
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: SD () Delete
Name: GILCHRIST, LINDA
Address: 7450 NW 29TH ST
City-St-Zip: MARGATE, FL 33063

Title: P () Delete
Name: WELCH, RICHARD
Address: 1620 SE 8TH ST
City-St-Zip: FT LAUDERDALE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEVINE, CHRISTINE
Address: 1607 NW 80 AVE #34D
City-St-Zip: POMPANO BEACH, FL 33063

Title: D (X) Change () Addition
Name: LAMM, ROBERT B
Address: 2588 NW 64TH BLVD
City-St-Zip: BOCA RATON, FL 33496

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

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

Title: D (X) Change () Addition
Name: WELCH, RICHARD
Address: 1620 SE 8TH ST
City-St-Zip: FT LAUDERDALE, FL

Title: VD () Change (X) Addition
Name: LOCHRIE, ROBERT
Address: 2330 DESOTA DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRIS LEVINE

PRES

01/15/2002

Electronic Signature of Signing Officer or Director

Date