

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90116 013 \*\*\*\*61.25

**DOCUMENT # 768486**

1. Entity Name

**DEDICATED ALTERNATIVE RESOURCES FOR THE ELDERLY,**

Principal Place of Business

Mailing Address

P.O. BOX 14813  
 GAINESVILLE FL 32604-4813

P.O. BOX 14813  
 GAINESVILLE FL 32604-4813

2. Principal Place of Business

2215 NW 21st Place

Suite, Apt. #, etc.

3. Mailing Address

2215 NW 21st Place

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Gainesville, FL

City & State  
 Gainesville, FL

4. FEI Number  
**59-2342080**

Applied For  
 Not Applicable

Zip Country  
 32605 USA

Zip Country  
 32605 USA

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

**EPPES, MARGARET C**  
**2215 NW 21ST PLACE**  
**GAINESVILLE FL 32605**

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  Delete  
 NAME **VD JONES, JESSE R**  
 STREET ADDRESS **612 NE 10TH PLACE**  
 CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE  Change  Addition  
 NAME **President Margaret C. Eppes**  
 STREET ADDRESS **2215 NW 21st Place**  
 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE  Delete  
 NAME **PD MERING, OTTO V**  
 STREET ADDRESS **818 NW 21ST STREET**  
 CITY-ST-ZIP **GAINESVILLE FL 32603**

TITLE  Change  Addition  
 NAME **V Linda Henderson**  
 STREET ADDRESS **5012 NW 18th Place**  
 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE  Delete  
 NAME **SD JOHNSON, LEE**  
 STREET ADDRESS **3841 N.W. 33RD PLACE**  
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE  Change  Addition  
 NAME **T Helen Ellis**  
 STREET ADDRESS **4041 NW 12th Ave.**  
 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE  Delete  
 NAME **T ELLIS, HELEN C**  
 STREET ADDRESS **4041 NW 12 AVE**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE  Change  Addition  
 NAME **S Melody Marshall**  
 STREET ADDRESS **1935 NW 22nd St.**  
 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE  Delete  
 NAME **PD EPPES, MARGARET C**  
 STREET ADDRESS **2215 NW 21 PLACE**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD LAFRENTZ, DEAN**  
 STREET ADDRESS **2908 NW 10TH PLACE**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

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: *Margaret C. Eppes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-00 352-378-0183  
 Date Daytime Phone #

CR2E037 (9/99)