

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06821

1. Entity Name

ALZHEIMER RESOURCE CENTER, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90076 031 ****61.25

| | |
|---|---|
| Principal Place of Business 69 W UNDERWOOD ST PO BOX 1153 ORLANDO FL 32806 US | Mailing Address P O BOX 560129 69 W UNDERWOOD ST ORLANDO FL 32856-0129 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|-----|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | City & State | | |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 4. FEI Number 59-2496511 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MICHELLE J. BRASSLER
650 OLD MIMS RD
GENEVA FL 32732

7. Name and Address of New Registered Agent

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 _____ January 31, 2000
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. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|--|------------------------------------|--|

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASD NELSON, RICHARD 1414 KUHL AVENUE ORLANDO FL 32806-2093 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CARLIN-ROGERS, FRAN 1059 MAITLAND CENTER COMMONS. MAITLAND FL 32751 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ED BRASSLER, MICHELLE J 650 OLD MIMS ROAD GENEVA FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCKEEBY, BETSY 303 WOOD ST LAKE MARY FL 32746 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRECHETTE, CAROLA CPA 1005 GOLFVIEW ST ORLANDO FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Dawn Moja 685 Old Mims Road Geneva, FL 32732 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D, VP Igancio Hidalgo, M.D. 2803 Marsala Court Orlando, FL 32806 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Tom Wagner 2315 Lee Road Winter Park, FL 32789-9330 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Richard Tucker, Ph.D. 20 Village Drive, East Oviedo, FL 32765 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Fran Carlin-Rogers 1505 Delaney Avenue Orlando, FL 32806 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Michelle J. Brassler* MICHELLE J BRASSLER 2-1-00 (407) 843-1910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)