

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06821**

1. Entity Name  
 ALZHEIMER RESOURCE CENTER, INC.

Principal Place of Business 69 W UNDERWOOD ST PO BOX 1153 ORLANDO 32806 US	FL	Mailing Address P O BOX 560129 69 W UNDERWOOD ST ORLANDO 328560129 US	FL
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2. Principal Place of Business 1400 N. SEMORAN BLVD.	3. Mailing Address 1400 N. SEMORAN BLVD.
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Suite, Apt. #, etc. SUITES A & B	City & State ORLANDO FL	Suite, Apt. #, etc. SUITES A & B	City & State ORLANDO FL
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Zip 32807	Country US	Zip 32807	Country US
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4. FEI Number <b>59-2496511</b>	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MICHELLE J. BRASSLER  
 650 OLD MIMS RD  
 GENEVA FL  
 32732 US

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 \_\_\_\_\_ DATE **04/30/2001**  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOJA DAWN 685 OLD MIMS ROAD GENEVA FL 32732 <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	D MCKEEBY BETSY 303 WOOD ST LAKE MARY FL 32746 <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	P CARLIN-ROGERS FRAN 1059 MAITLAND CENTER COMMONS MAITLAND FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD NELSON RICHARD 1414 KUHL AVENUE ORLANDO FL 328062093 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER RICHARD 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 FERNANDEZ JULIE 3655 W. LAKE MARY BLVD. LAKE MARY FL 32756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKEEBY BETSY 303 WOOD ST LAKE MARY FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLIN-ROGERS FRAN 1505 DELANEY AVENUE ORLANDO FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCALLUM SCOTT 1313 W. FAIRBANKS AVENUE WINTER PARK FL 327897103 <input checked="" 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)(f), 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 Brassler ED 04/30/2001

CR2E037 (11/00)

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**ROBERT KLETTNER; TREASURER**  
**360 E. HORATIO AVENUE**

**MAITLAND, FL 32751**

**THOMAS F. KERNEY, ESQ.; VICE-PRESIDENT**  
**1420 E. CONCORD ST.**

**ORLANDO, FL 32803**

**LESLIE L. ELLIS, PH.D.; CHAIRMAN**  
**250 NOTTAWAY TRIAL**

**MAITLAND, FL 32751**