

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90065 004 \*\*\*\*61.25

**DOCUMENT # N29371**

1. Entity Name

**ALZHEIMER RESOURCE CENTER OF TALLAHASSEE, INC.**

Principal Place of Business

Mailing Address

1400 NO MONROE ST  
 PO BOX 3553  
 TALLAHASSEE FL 32303

1400 NO MONROE ST  
 PO BOX 3553  
 TALLAHASSEE FL 32303-5529

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2912649**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MCGOUGH, THOMAS J.**  
**C/O 1400 NORTH MONROE STREET**  
**1907 HOOT OWL HILL**  
**TALLAHASSEE FL 32311**

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	DVP	<input checked="" type="checkbox"/> Delete
NAME	GREEN, LANE	
STREET ADDRESS	RT 1 BOX 678	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	DP	<input type="checkbox"/> Delete
NAME	POLIVKA-WEST, LUMARIE	
STREET ADDRESS	307 W. PARK AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOURGOIS, MICHELLE P CCC-SP	
STREET ADDRESS	FSU 412 REGIONAL REHABILITATION CENTER	
CITY-ST-ZIP	TALLAHASSEE FL 32306-2007	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SANDERS, JOE	
STREET ADDRESS	250 E 6TH AVE.	
CITY-ST-ZIP	TALLAHASSEE FL 32315	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOHLER, PAT	
STREET ADDRESS	3009 HUNINGTON ST	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENKEL, APRIL	
STREET ADDRESS	1018 THOMASVILLE RD, BOX C-2	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bourgeois Michelle P CCC-SP	
STREET ADDRESS	FSU 412 Regional Rehabilitation Center	
CITY-ST-ZIP	Tallahassee FL 32306-2007	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cavallaro, Ginny	
STREET ADDRESS	55 Kennel Lane	
CITY-ST-ZIP	Crawfordville FL 32327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

2-1-00

Date

Daytime Phone #

00016917



DO NOT WRITE IN THIS SPACE