

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90078 039 ****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

00048164



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1400 N. Monroe St

P.O. Box 3553

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-2912649

Applied For

Not Applicable

Zip

32303

Country

leon

Zip

32315

Country

leon

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DVP	BOURGECIS, MICHELEE P CCC	412 REGIONAL REHABILITATION CT	TALLAHASSEE FL 32306-2007	<input type="checkbox"/>
DP	POLIVKA-WEST, LUMARIE	307 W. PARK AVENUE	TALLAHASSEE FL 32301	<input type="checkbox"/>
S	BOURGEOIS, MICHELLE P CCC-SP	FSU 412 REGIONAL REHABILITATION CENTER	TALLAHASSEE FL 32306-2007	<input type="checkbox"/>
DT	SANDERS, JOE	250 E 6TH AVE.	TALLAHASSEE FL 32315	<input type="checkbox"/>
D	KOHLER, PAT	3009 HUNINGTON ST	TALLAHASSEE FL 32312	<input type="checkbox"/>
S	CAVALLARO, GINNY	55 KENNEL LANE	CRAWFORDVILLE FL 32327	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Jan Benesh	428 Summerbrook Dr	Tallahassee, FL 32312	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Michelle Bourgeois, Ph.D.	FSU 302 Regional Rehab Center	Tallahassee, FL 32306-1200	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Ginny Cavallaro	55 Kennel Lane	Crawfordville, FL 32327	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Fely Curva, Ph.D.	411 E. College Ave	Tallahassee, FL 32301	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: Jan Benesh, Director President 4-24-01 850-893-6975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Alzheimer Resource Center
2001 Board of Directors and Advisory Council

Attachment
#N29371/D004916

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