

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90097 044 \*\*\*\*70.00

**DOCUMENT # N29371**

1. Entity Name

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

Principal Place of Business

Mailing Address

1400 NO MONROE ST  
 TALLAHASSEE FL 32303

P O BOX 3553  
 TALLAHASSEE FL 32315

00048007



DO NOT WRITE IN THIS SPACE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	BENESH, JAN	428 SUMMERBROOK DR	TALLAHASSEE FL 32312	<input type="checkbox"/>	<input type="checkbox"/>
DP	POLIVKA-WEST, LUMARIE	307 W. PARK AVENUE	TALLAHASSEE FL 32301	<input type="checkbox"/>	<input type="checkbox"/>
V	BOURGEOIS, MICHELLE PH.D	FSU 302 REGIONAL REHAB CENTER	TALLAHASSEE FL 32306-1200	<input type="checkbox"/>	<input type="checkbox"/>
DT	SANDERS, JOE	250 E 6TH AVE.	TALLAHASSEE FL 32315	<input type="checkbox"/>	<input type="checkbox"/>
D	KOHLER, PAT	3009 HUNINGTON ST	TALLAHASSEE FL 32312	<input type="checkbox"/>	<input type="checkbox"/>
S	CAVALLARO, GINNY	55 KENNEL LANE	CRAWFORDVILLE FL 32327	<input type="checkbox"/>	<input 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*  
**JAN BENESH**

**3-12-02 893-6975**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Attachment of Draft*

*1129371  
Box 48007*

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