

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90101 014 ****61.25

DOCUMENT # N43637

1. Entity Name

ELDER SERVICES RESOURCE NETWORK, INC.

Principal Place of Business

Mailing Address

P. O. BOX 450537
 SUNRISE FL 33345-0537
 US

P. O. BOX 450537
 SUNRISE FL 33345-0537
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0869294**
~~65-0418548~~

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAW OFFICES OF STUART R. MORRIS PA
2000 GLADES ROAD
STE. 416
BOCA RATON FL 33431

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
TD	KAPLAN, GAIL C	5100 W COMMERCIAL BLD	FT. LAUDERDALE FL 33319	<input type="checkbox"/>
DP	BRONSON, JO	309 SE 18TH STREET	FT. LAUDERDALE FL 33316	<input checked="" type="checkbox"/>
RSD	ALBANO, CARLA	7368 NW 5 ST	PLANTATION FL 33317	<input type="checkbox"/>
VPD	PLOUGH, MAURICE	1515 N FEDERAL HWY #300	BOCA RATON FL 33432	<input checked="" type="checkbox"/>
CSD	YABLONSKY, ROBIN	1380 N UNIVERSITY DR	PLANTATION FL 33317	<input checked="" type="checkbox"/>
VPD	SCAVRON, CHERYL	7600 WILES RD, C	CORAL SPRINGS FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Additor
RSD	KIM LINDER	4400 W. SAMPLE # 248	COCONUT CREEK, FL 33073	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	CAROL RAKOFF	1424 S. Powerline Rd	POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CSD	JUNE NEAL	1200 ARTHUR ST.	HOLLYWOOD, FL 33017	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD				<input checked="" 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:

SIGNATURE REQUIRED GAIL C KAPLAN 1/20 (9M) 484-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #