

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90065 002 ****61.25

DOCUMENT # N98000007236

1. Entity Name

ALZHEIMER ALLIANCE OF AMERICA, INC.

Principal Place of Business

**69 W. UNDERWOOD ST.
 ORLANDO FL 32806**

Mailing Address

**P.O. BOX 1153
 WINTER PARK FL 32790-1153**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-1792864

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

**BRASSLER, SHELLIE J
 69 W. UNDERWOOD ST.
 ORLANDO FL 32806**

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 **D** ☐ Delete
 NAME **BRASSLER, SHELLIE J**
 STREET ADDRESS **69 W. UNDERWOOD ST.**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☐ Change ☒ Addition
 NAME **MCGOUGH, TOM**
 STREET ADDRESS **P.O. BOX 3553**
 CITY-ST-ZIP **TALLAHASSEE, FL 32315**

TITLE **D** ☐ Delete
 NAME **STEVENS, ALAN**
 STREET ADDRESS **7916 2ND AVE. SOUTH BOX 3**
 CITY-ST-ZIP **BIRMINGHAM AL 35206**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ST. AMAND, DOTTY J**
 STREET ADDRESS **9470 HEALTH PARK CIRCLE**
 CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GORMAN, JOHN**
 STREET ADDRESS **P.O. BOX 1824**
 CITY-ST-ZIP **SACRAMENTO CA 95812**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.00

Date

407.843.1910

Daytime Phone #

CR2E037 (9/99)