

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762624

1. Entity Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCI

Principal Place of Business

1230 S. TUTTLE AVENUE
SARASOTA FL 34239

Mailing Address

1230 S. TUTTLE AVENUE
SARASOTA FL 34239-2601

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-2207134

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, JOSEPH E
5176 SUNNYDALE CIRCLE W
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name THOMAS CONKLIN

Street Address (P.O. Box Number is Not Acceptable)

1332 WEST WAY DRIVE

City

SARASOTA

FL

Zip Code
34236

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.

THOMAS CONKLIN, PRESIDENT

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

February 9, 2000

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

TITLE D ☐ Delete
NAME CONKLIN, TOM
STREET ADDRESS 1332 WEST WAY DRIVE
CITY-ST-ZIP SARASOTA FL 34236

TITLE VP ☒ Delete
NAME REYNOLDS, JOSEPH E
STREET ADDRESS 5176 SUNNYDALE CIRCLE WEST
CITY-ST-ZIP SARASOTA FL 34233

TITLE D ☐ Delete
NAME BOYER, EDWIN
STREET ADDRESS 1800 2ND ST, STE 765
CITY-ST-ZIP SARASOTA FL 34238

TITLE D ☐ Delete
NAME KOENGETER, CHARLES E
STREET ADDRESS 27 AVENUE OF THE FLOWER
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE TD ☐ Delete
NAME WEPPLER, MARJORIE
STREET ADDRESS 6651 OAKBROOK CIRCLE
CITY-ST-ZIP BRADENTON FL 34202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VP ☒ Change ☐ Addition
NAME PHYLLIS J. COBB
STREET ADDRESS 761 JOHN RINGLING BLVD. #A-5
CITY-ST-ZIP SARASOTA, FL 34236

TITLE SD ☒ Change ☐ Addition
NAME NANCY SMITH
STREET ADDRESS 7948 PINE GROVE COURT
CITY-ST-ZIP SARASOTA, FL 34238

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

TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #