

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764812

1. Entity Name

ELDERLY INTEREST FUND, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90005 044 ****61.25

Principal Place of Business Mailing Address
5101 NW 21ST AVENUE 5101 NW 21ST AVENUE
#510 #510
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309-2731
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-2236796 Applied For Not Applicable

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

ARMSTRONG, JUDITH
5101 NW 21ST AVENUE
SUITE 510
FT. LAUDERDALE FL 33309

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 | V | <input type="checkbox"/> Delete |
| NAME | FEILER, ELLEN G. | |
| STREET ADDRESS | 2421 S.W. 6TH AVE. | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PETERSON, CYNTHIA | |
| STREET ADDRESS | 5101 NW 21ST AVE 440 | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SHAPIRO, BEVERLY | |
| STREET ADDRESS | 7383 ORANGEWOOD LANE | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | FALCK, WALTER | |
| STREET ADDRESS | 5101 NW 21ST AVE #510 | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33309 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | ACEVEDO, JEAN | |
| STREET ADDRESS | 5000 BLUE LAKE DR #200 | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GLASSER, EVELYN | |
| STREET ADDRESS | 2698 OAKMONT | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |

| | | |
|----------------|-------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ferguson, Louren | |
| STREET ADDRESS | 4862 Chardonnay Dr. | |
| CITY-ST-ZIP | Coral Springs, FL 33067 | |
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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]* 2/11/00 954 735-9019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)