

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90474 024 ****61.25

DOCUMENT # 764812

1. Entity Name

ELDERLY INTEREST FUND, INC.

Principal Place of Business

**5101 NW 21ST AVENUE
#510
FT. LAUDERDALE FL 33309
US**

Mailing Address

**5101 NW 21ST AVENUE
#510
FT. LAUDERDALE FL 33309
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

**AZZOLE, NANCY M
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** ☐ Delete
NAME **FEILER, ELLEN G.**
STREET ADDRESS **2421 S.W. 6TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE **D** ☐ Delete
NAME **PETERSON, CYNTHIA**
STREET ADDRESS **5101 NW 21ST AVE 440**
CITY-ST-ZIP **FT LAUDERDALE FL**

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

TITLE **D** ☐ Delete
NAME **SHAPIRO, BEVERLY**
STREET ADDRESS **7383 ORANGEWOOD LANE**
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **VP** ☐ Delete
NAME **FERGUSON, LOUREN**
STREET ADDRESS **4862 CHARDONNAY DR**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

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

TITLE **VO** ☐ Delete
NAME **ACEVEDO, JEAN**
STREET ADDRESS **5000 BLUE LAKE DR #200**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS **711 Golf Ct.**
CITY-ST-ZIP **Delray Beach FL 33445**

TITLE **D** ☐ Delete
NAME **GLASSER, EVELYN**
STREET ADDRESS **2698 OAKMONT**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **Vice Pres.** ☒ 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

AZZOLE

Date

Daytime Phone #

4/9/02 954.735.9019

CR2E037 (9/01)