

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768486

1. Entity Name

DEDICATED ALTERNATIVE RESOURCES FOR THE ELDERLY,

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90116 013 \*\*\*\*61.25

Principal Place of Business

P.O. BOX 14813  
GAINESVILLE FL 32604-4813

Mailing Address

P.O. BOX 14813  
GAINESVILLE FL 32604-4813

2. Principal Place of Business

2215 NW 21st Place

Suite, Apt. #, etc.

3. Mailing Address

2215 NW 21st Place

Suite, Apt. #, etc.

City & State  
Gainesville, FL

City & State  
Gainesville, FL

4. FEI Number

59-2342080

Applied For

Not Applicable

Zip

32605

Country

USA

Zip

32605

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EPPES, MARGARET C  
2215 NW 21ST PLACE  
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

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

TITLE: VD  
NAME: JONES, JESSE R  
STREET ADDRESS: 612 NE 10TH PLACE  
CITY-ST-ZIP: GAINESVILLE FL 32601 ☐ Delete

TITLE: PD  
NAME: MERING, OTTO V  
STREET ADDRESS: 818 NW 21ST STREET  
CITY-ST-ZIP: GAINESVILLE FL 32603 ☐ Delete

TITLE: SD  
NAME: JOHNSON, LEE  
STREET ADDRESS: 3841 N.W. 33RD PLACE  
CITY-ST-ZIP: GAINESVILLE FL 32606 ☐ Delete

TITLE: T  
NAME: ELLIS, HELEN C  
STREET ADDRESS: 4041 NW 12 AVE  
CITY-ST-ZIP: GAINESVILLE FL 32605 ☐ Delete

TITLE: PD  
NAME: EPPES, MARGARET C  
STREET ADDRESS: 2215 NW 21 PLACE  
CITY-ST-ZIP: GAINESVILLE FL 32605 ☐ Delete

TITLE: VD  
NAME: LAFRENTZ, DEAN  
STREET ADDRESS: 2908 NW 10TH PLACE  
CITY-ST-ZIP: GAINESVILLE FL 32605 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: President  
NAME: Margaret C. Eppes  
STREET ADDRESS: 2215 NW 21st Place  
CITY-ST-ZIP: Gainesville, FL 32605 ☐ Change ☐ Addition

TITLE: V  
NAME: Linda Henderson  
STREET ADDRESS: 5012 NW 18th Place  
CITY-ST-ZIP: Gainesville, FL 32605 ☐ Change ☒ Addition

TITLE: T  
NAME: Helen Ellis  
STREET ADDRESS: 4041 NW 12th Ave.  
CITY-ST-ZIP: Gainesville, FL 32605 ☐ Change ☐ Addition

TITLE: S  
NAME: Melody Marshall  
STREET ADDRESS: 1935 NW 22nd St.  
CITY-ST-ZIP: Gainesville, FL 32605 ☐ Change ☒ Addition

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

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

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:

*Margaret C. Eppes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-00 352-378-0183

CR2E037 (9/99)