

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90034 019 \*\*\*\*61.25

**DOCUMENT # 768486**

1. Entity Name

**DEDICATED ALTERNATIVE RESOURCES FOR THE ELDERLY,**

Principal Place of Business

Mailing Address

2215 NW 21ST PLACE  
 GAINESVILLE FL 32605  
 US

2215 NW 21ST PLACE  
 GAINESVILLE FL 32605  
 US

2. Principal Place of Business

2215 NW 2nd Avenue

3. Mailing Address

2215 NW 2nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-2342080

Applied For

Not Applicable

Zip

32603

Country

USA

Zip

32603

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

**Richard Mitchell**  
 2215 NW 2nd Avenue  
 Gainesville, FL 32603

Name

**Richard Mitchell**

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

2215 NW 2nd Avenue

City

Gainesville, FL

FL

Zip Code

32605

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

*Richard Mitchell*

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

(NOTE: Registered Agent signature required when reinstating)

3/19/01

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	<input type="checkbox"/> Delete
NAME	JONES, JESSE R	
STREET ADDRESS	612 NE 10TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MERING, OTTO V	
STREET ADDRESS	818 NW 21ST STREET	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, LEE	
STREET ADDRESS	3841 N.W. 33RD PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	T	<input type="checkbox"/> Delete
NAME	ELLIS, HELEN C	
STREET ADDRESS	4041 NW 12 AVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EPPES, MARGARET C	
STREET ADDRESS	2215 NW 21 PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LAFRENTZ, DEAN	
STREET ADDRESS	2908 NW 10TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Mitchell	
STREET ADDRESS	2215 NW 2nd Avenue	
CITY-ST-ZIP	Gainesville, FL 32603	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margaret Eppes	
STREET ADDRESS	2215 NW 21st Place	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melody Marshall	
STREET ADDRESS	1935 NW 22nd St.	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helen Ellis	
STREET ADDRESS	4041 NW 12th Avenue	
CITY-ST-ZIP	Gainesville, FL 32605	
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		

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:

*Richard Mitchell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

(352) 955-6568

Daytime Phone #

CR2E037 (10/00)