

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768486

1. Entity Name

DEDICATED ALTERNATIVE RESOURCES FOR THE ELDERLY, INC.

Principal Place of Business

Mailing Address

2215 NW 2ND AVENUE  
GAINESVILLE FL 32605  
US

2215 NW 2ND AVENUE  
GAINESVILLE FL 32605  
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

59-2342080

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

MITCHELL, RICHARD  
2215 NW 2ND AVENUE  
GAINESVILLE FL 32605

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

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

TITLE P ☐ Delete  
NAME MITCHELL, RICHARD  
STREET ADDRESS 2215 NW 2ND AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32603

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

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

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

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

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

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

TITLE V ☐ Change ☒ Addition  
NAME DAVID SYFRETT  
STREET ADDRESS 4400 NW 39 Ave. Apt. 371  
CITY-ST-ZIP Gainesville FL 32605

TITLE VP ☒ Delete  
NAME EPPES, MARGARET  
STREET ADDRESS 2215 NW 2ND AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE S ☐ Change ☒ Addition  
NAME MELODY MARSHALL  
STREET ADDRESS 1935 NW 22 St.  
CITY-ST-ZIP Gainesville FL 32605

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 Richard Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

352 262-0229

Daytime Phone #

CR2E037 (9/01)