

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90134 013 ****61.25

0083948

DOCUMENT # N00000003983

1. Entity Name

INTERNATIONAL ALZHEIMER'S FOUNDATION TRUST, N.A.

Principal Place of Business

**2277 SW OLYMPIC CLUB TERR.
PALM CITY FL 34990**

Mailing Address

**2277 SW OLYMPIC CLUB TERR.
PALM CITY FL 34990**

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

65-1017925

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**COSENTINO, JAMES
2277 SW OLYMPIC CLUB TERR.
PALM CITY FL 34990**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	COSENTINO, JAMES	2277 SW OLYMPIC CLUB TERR.	PALM CITY FL 34990	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	DISBURY, DANIEL W	6936 NW 1ST ST.	MARGATE FL 33063	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	LAPORTE, SHEILA	772 NW VIRGINIA ST.	PORT ST. LUCIE FL 34983	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	RIOS, ERNESTO REV.	1712 SW GARNET ST.	PORT ST. LUCIE FL 34953	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

COSENTINO, JAMES 4/25/01 581 486-6537

CR2E037 (10/00)