

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jul 06, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90395 036 \*\*\*\*70.00

**DOCUMENT # N00000005246**

1. Entity Name

**CAMPUS OF CARE ALZHEIMER AND DEMENTIA CENTER, IN**

Principal Place of Business

**3805 THE LORD'S WAY  
 NAPLES FL 34104**

Mailing Address

**3805 THE LORD'S WAY  
 NAPLES FL 34104**

75783

2. Principal Place of Business

**3805 The Lord's Way**  
 Suite, Apt. #, etc.

3. Mailing Address

**3805 The Lord's Way**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Naples, FL**

City & State

**Naples, FL**

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

**34114**

Zip

Country

**34114**

5. Certificate of Status Desired

☒ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GILMORE, RICAROD L  
 101 E KENNEDY BLVD, SUITE 3200  
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Mallory, J. David**

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

**3805 The Lord's Way**

City **Naples, FL**

FL Zip Code **34114**

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

**5/01/2001**

**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	PD	<input type="checkbox"/> Delete
NAME	<b>MALLORY, J. DAVID</b>	
STREET ADDRESS	<b>3805 THE LORD'S WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>MALLORY, REBECCA</b>	
STREET ADDRESS	<b>3805 THE LORD'S WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>CASSETTY, ED</b>	
STREET ADDRESS	<b>3805 THE LORD'S WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>CONKLIN, BILL</b>	
STREET ADDRESS	<b>3805 THE LORD'S WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, HERMES</b>	
STREET ADDRESS	<b>3805 THE LORD'S WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>JAMES, DOUG</b>	
STREET ADDRESS	<b>3805 THE LORD'S WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/01/2001**

Date

**941-774-1165**

Daytime Phone #

CR2E037 (10/00)