

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000007540**

1: Entity Name

**ASSOCIATION OF AGING SERVICE PROVIDERS, INC.**

Principal Place of Business

Mailing Address

16569 60TH ST NORTH  
LOXAHATCHEE FL 3347016569 60TH ST NORTH  
LOXAHATCHEE FL 33470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SACHS, ARNOLD  
16569 60TH ST NORTH  
LOXAHATCHEE FL 33470

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	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
	D	SACHS, ARNOLD	16569 60TH ST NORTH LOXAHATCHEE FL 33470	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	ABRAMS, JO ANN	16569 60TH ST NORTH LOXAHATCHEE FL 33470	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	MARRONE, CRAIG	8550 TOURMALINE BLVD BOYNTON BEACH FL 33437	<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"/>
				<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 REQUIRED**

5/1/01 (56) 791-1988

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

05-17-2001 91076 037 \*\*\*\*61.25

00055013



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1075810

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required.

CR2E037 (10/00)