

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 08, 2002 8:00 am
Secretary of State

06-20-2002 90059 026 ****61.25

DOCUMENT # *N00000007540*
1. Entity Name
ASSOCIATION OF Aging Service PROVIDERS, INC.

DO NOT WRITE IN THIS SPACE

96774

2. Principal Place of Business
16569 60th St N
Suite, Apt. #, etc.
City & State
Loxahatchee FL
Zip
33470 Country
US

3. Mailing Address
16569 60th St N
Suite, Apt. #, etc.
City & State
Loxahatchee FL
Zip
33470 Country
US

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4. FEI Number
65-1075810 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOAN ABRAMS
Street Address (P.O. Box Number is Not Acceptable)
16569 60th St N
City
LOXAHATCHEE FL Zip Code
33470

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

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Makes Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Director / President JOAN ABRAMS 16569 60th St N LOXAHATCHEE FL 33470</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>DIRECTOR MORRIS SACHS 16569 60th St N LOXAHATCHEE FL 33470</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>DIRECTOR CAROL MARRONE 8550 TOURISTING BLVD BOYNTON BEACH FL 33437</i> |
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan Abrams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/02 (561) 791-1989
Date Daytime Phone: 2

CR2E037B (12/01)