

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01438

1. Entity Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCI

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90004 007 ****61.25

Principal Place of Business

9365 US HWY 19 N
SUITE B
PINELLAS PARK FL 33782
US

Mailing Address

9365 US HWY 19 N
SUITE B
PINELLAS PARK FL 33782
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Pinellas

Zip

Country

Pinellas

4. FEI Number

59-2378435

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

GIBBONS, KIRK M.
3321 HENDERSON BLVD.
TAMPA FL 33609

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

After September 13, 2000 min. will be \$236.25

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	P	<input checked="" type="checkbox"/> Delete
NAME	DODGE, HOWARD	
STREET ADDRESS	LONG SHADOW INN, 627 HIGHLAND AVENUE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOWARD, CHARLOTTE	
STREET ADDRESS	SHANNONWOOD CT. 1907 SHANNONWOOD CT.	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FORLIZZO, ROBERT	
STREET ADDRESS	13577 FEATHER SOUND DR STE 300	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KELLY, BILL	
STREET ADDRESS	2803 ST CLOUD OAKS SR	
CITY-ST-ZIP	VALRICO FL	
TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	GREENE, ERIC	
STREET ADDRESS	9365 U.S. HIGHWAY 19 NORTH, #B	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT KELLY, William F.	
STREET ADDRESS	2803 St. Cloud Oaks Drive	
CITY-ST-ZIP	Valrico, FL 33595	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, Charlotte B.	
STREET ADDRESS	1907 Shannonwood Court	
CITY-ST-ZIP	Brandon, FL 33510	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAVEZA, Gregory	
STREET ADDRESS	USF 30408	
CITY-ST-ZIP	4202 East Fowler Avenue	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY SILLIMAN, Dianne	
STREET ADDRESS	1310 Silliman Lane	
CITY-ST-ZIP	Seminole, FL 33584	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORLAN, M.D., Richard M.	
STREET ADDRESS	1345 East Bay Drive, Suite 201	
CITY-ST-ZIP	Largo, FL 33770	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, Diane M.	
STREET ADDRESS	7504 Castil Place	
CITY-ST-ZIP	Tampa, FL 33614	

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

Charlotte B. Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/00
Date

(813) 681-1986
Daytime Phone #

CR2E037 (5/00)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #