

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01438

1. Entity Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCI

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

Zip

Country

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

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

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	KELLY, WILLIAM F	
STREET ADDRESS	2803 ST CLOUD OAKS DRIVE	
CITY-ST-ZIP	VALRICO FL 33595	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOWARD, CHARLOTTE	
STREET ADDRESS	1907 SHANNONWOOD CT	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAVEZA, GREGORY	
STREET ADDRESS	USF 30408 4202 E FOWLER AVE	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	S	<input type="checkbox"/> Delete
NAME	SILLIMAN, DIANNE	
STREET ADDRESS	1310 SILLIMAN LANE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORLAN, RICHARD M MD	
STREET ADDRESS	1345 E BAY DR STE 201	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORRES, DIANE M	
STREET ADDRESS	7504 CASTIL PLACE	
CITY-ST-ZIP	TAMPA FL 33614	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herbert Rahmings	
STREET ADDRESS	306 Jackson St., #7N	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Kaplin	
STREET ADDRESS	4202 E. Fowler Ave., SOC 107	
CITY-ST-ZIP	Tampa, FL 33620	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sean Scott	
STREET ADDRESS	3233 E. Bay Dr. Ste 104	
CITY-ST-ZIP	Largo, FL 33771	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	M.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gloria J.T. Smith	
STREET ADDRESS	2717 Seville Blvd.	
CITY-ST-ZIP	Clearwater, FL 33764	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Date

Daytime Phone #

3/27/01 7275782558

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90331 037 *****61.25

000414



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)