

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2002 8:00 am  
Secretary of State

05-05-2002 90029 007 \*\*\*\*61.25

DOCUMENT # N01438

1. Entity Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC. - GREATER TAMPA CHAPTER

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

4. FEI Number

59-2378435

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 P ☐ Delete  
NAME KELLY, WILLIAM F  
STREET ADDRESS 2803 ST CLOUD OAKS DRIVE  
CITY-ST-ZIP VALRICO FL 33595

TITLE T ☐ Change ☐ Addition  
NAME Wellner, Thomas  
STREET ADDRESS 100 Second Ave So.  
CITY-ST-ZIP St. Petersburg FL 3371

TITLE VPD ☐ Delete  
NAME HOWARD, CHARLOTTE  
STREET ADDRESS 1907 SHANNONWOOD CT  
CITY-ST-ZIP BRANDON FL 33510

TITLE D ☐ Change ☐ Addition  
NAME PAVEZA, GREGORY  
STREET ADDRESS USF 30408 4202 E. Fowler Ave  
CITY-ST-ZIP TAMPA, FL 33602

TITLE T ☐ Delete  
NAME PAVEZA, GREGORY  
STREET ADDRESS USF 30408 4202 E FOWLER AVE  
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☐ Change ☐ Addition  
NAME Kaplan, Mary  
STREET ADDRESS 4626 Bay Crest Drive  
CITY-ST-ZIP TAMPA, FL 33615

TITLE S ☐ Delete  
NAME SILLIMAN, DIANNE  
STREET ADDRESS 1310 SILLIMAN LANE  
CITY-ST-ZIP SEFFNER FL 33584

TITLE D ☐ Change ☐ Addition  
NAME Scott, Sean  
STREET ADDRESS 3233 East Bay Drive, #104  
CITY-ST-ZIP Largo, FL 33771

TITLE D ☐ Delete  
NAME ORLAN, RICHARD M MD  
STREET ADDRESS 1345 E BAY DR STE 201  
CITY-ST-ZIP LARGO FL 33770

TITLE D ☐ Change ☐ Addition  
NAME Whitehouse, Mary E.  
STREET ADDRESS 20 North Main Street, Room 460  
CITY-ST-ZIP Brooksville, FL 34601

TITLE D ☒ Delete  
NAME TORRES, DIANE M  
STREET ADDRESS 7504 CASTIL PLACE  
CITY-ST-ZIP TAMPA FL 33614

TITLE D ☐ Change ☐ Addition  
NAME Smith, Gloria  
STREET ADDRESS 6551 Shoreline Drive, #6206  
CITY-ST-ZIP St. Petersburg, FL 33706

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

4-22-02

Date

727 578 2558

Daytime Phone #

CR2E037 (9/01)