

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

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90100 021 ****70.00

DOCUMENT # NO 1438	
1. Entity Name Alzheimer's Disease and Related Disorders Association, Inc FLORIDA GULF COAST CHAPTER	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9365 US Hwy 19 N. Suite B Pinellas Park, FL 33782 Pinellas	3. Mailing Address 9365 US Hwy 19 N. Suite B Pinellas Park FL 33782 Pinellas
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2378435	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 Gibbons, Kirk M	
	Street Address (P.O. Box Number is Not Acceptable) 3321 Henderson Blvd	
	City Tampa	FL Zip Code 33609

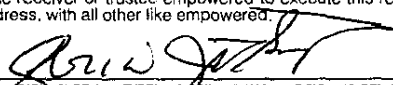
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
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: 	GIORIA J.T. Smith	Date 5/31/03	Daytime Phone # 727 5782558

CR2E037B (12/02)

ATTACHMENT
ALZHEIMER'S ASSOCIATION
The Florida Gulf Coast Chapter
BOARD OF DIRECTORS

2003

80124422
NO1438

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