

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N05156**

1. Entity Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOC.**FILED**
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90074 009 ****61.25

0011089

Principal Place of Business

2123 MANGO PLACE
JACKSONVILLE FL 32207

Mailing Address

2123 MANGO PLACE
JACKSONVILLE FL 32207

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

59-2450845

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 \$61.259. 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 PD ☒ Delete
NAME GREY, BARRY
STREET ADDRESS 10113 WHIPPOORWILL LN 1601
CITY-ST-ZIP JACKSONVILLE FL 32256TITLE VPD ☒ Delete
NAME GOLLNICK, MARY
STREET ADDRESS 7621 HOLIDAY RD., S.
CITY-ST-ZIP JACKSONVILLE FL 32216TITLE TD ☒ Delete
NAME CHRISTIAN, PRESTON
STREET ADDRESS 5521 CABOT DR N
CITY-ST-ZIP JACKSONVILLE FL 32244TITLE SD ☐ Delete
NAME PARFITT, FRANCINE
STREET ADDRESS 4500 SAN PABLO RD
CITY-ST-ZIP JACKSONVILLE FL 32244TITLE TD ☐ Delete
NAME MEINERS, SUSAN
STREET ADDRESS 2746 RIVERWOOD LN
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Bernadette McAlpin
STREET ADDRESS 331 Devonshire Lane
CITY-ST-ZIP Orange Park, FL 32073TITLE VD ☒ Change ☐ Addition
NAME Francine Parfitt
STREET ADDRESS 4500 San Pablo Rd.
CITY-ST-ZIP Jacksonville, FL 32244TITLE SD ☐ Change ☒ Addition
NAME Gary DiStefano, Jr.
STREET ADDRESS 1610 Linkside Dr.
CITY-ST-ZIP South Atlantic Beach, FL 32233TITLE D ☐ Change ☒ Addition
NAME Nancy Alexander
STREET ADDRESS 85 DeBarry Ave., Unit 2034
CITY-ST-ZIP Orange Park, FL 32073TITLE D ☐ Change ☒ Addition
NAME Herbert Brackenridge
STREET ADDRESS 2016 Tanners Green Way
CITY-ST-ZIP Jacksonville, FL 32246TITLE D ☐ Change ☒ Addition
NAME Jamie Glavich
STREET ADDRESS 9664 Hood Rd.
CITY-ST-ZIP Jacksonville, FL 32257

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: *Susan R. Meiners*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01 (904) 398-5193

Date Daytime Phone #

CR2E037 (10/00)

Alzheimer's Disease and Related Disorders Assoc.
2123 Manto Place
Jacksonville, FL 32207

OFFICERS & DIRECTORS

Attachment
Doc. # N05156

D
Cathy Mackenzie
4051 Corrientes Court, S.
Jacksonville, FL 32217

529043

D
Mark Moore
1738 Laura Ann Lane
Orange Park, FL 32073

D
Keith Reed
11801 San Jose Blvd.
Jacksonville, FL 32223

D
Chris Reuschle
170 Vera Cruz Drive, #322
Ponte Vedra, FL 32082

D
Elizabeth Kirce
5061 Knightsbridge Circle, N.
Orange Park, FL 32073
