

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09595

1. Entity Name

ALZHEIMER'S ASSOCIATION GREATER PALM BEACH AREA
CHAPTER, INC.

Principal Place of Business

850 N. CONGRESS AVE.
DELRAY BEACH FL 33445
US

Mailing Address

8333 N. MCNAB ROAD
#210
TAMARAC FL 33321

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2503887

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMOLANSKY, JEFF
8333 W. MCNAB ROAD
#210
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name
Mark Pafford
Street Address (P.O. Box Number is Not Acceptable)
8333 W. McNab Rd, #210
City
Tamarac, FL 33321 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  2/11/02
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 NAME STREET ADDRESS CITY-ST-ZIP	VD RAJPARA, SIRESH 1041 45TH ST. WEST PAM BEACH FL 33407 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TINGLER, BRENT CPA 4820 N.E. 26TH AVE. FT. LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHULTZ, BARRY M MD 16155 VIA MONTEVERDA DELRAY BCH FL 33446 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBBINS, ELIZBETH 21864 ARRIBA REAL #3H BOCA RATON FL 33433 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Chris Levine 1607 NW 80th Ave, #34-D Margate, FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Robert Lochrie 2330 Desota Dr Fort Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Robert Lamm 2588 NW 64th Blvd Boca Raton, FL 33496 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gregory Wilder, CPA 1110 Ponce DeLeon Dr Fort Lauderdale, FL 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Linda Gilchrist 7450 NW 29th St Margate, FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Mark Todd 1910 NE 59th Place Fort Lauderdale, FL 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  Mark Pafford

2/11/02 (954) 726-0002

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90046 020 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)