

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15548

1. Entity Name

ALZHEIMER'S FAMILY CENTER, INC.

Principal Place of Business

4900 W. ATLANTIC BLVD., SUITE 4
MARGATE FL 33063

Mailing Address

4900 W. ATLANTIC BLVD., SUITE 4
MARGATE FL 33063-5324

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90061 003 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2768189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, JEROME R.
100 W CYPRESS CREEK ROAD
SUITE 930
FT LAUDERDALE FL 33309

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	D	<input type="checkbox"/> Delete
NAME	TOBIN, LESLEY	
STREET ADDRESS	7759 HIGHLANDS CIRCLE	
CITY-ST-ZIP	MARGATE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GENOVA, ANTHONY J.	
STREET ADDRESS	881 SW 55 TERRACE	
CITY-ST-ZIP	MARGATE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PILLETS, COLETTE POULIN	
STREET ADDRESS	3891 STIRLING ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPERBER, REUBEN	
STREET ADDRESS	7005 N.W. 17TH COURT	
CITY-ST-ZIP	MARGATE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRANIGAN, MICHAEL W.	
STREET ADDRESS	6451 N FED HWY STE 1113	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RESNICK, GARY	
STREET ADDRESS	141 NW 16 ST	
CITY-ST-ZIP	POMPANO BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PAST PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBIN, LESLEY	(TITLE)
STREET ADDRESS	7759 HIGHLANDS CIR.	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESNICK, GARY	(ADDR)
STREET ADDRESS	2800 NW 10 AVE.	
CITY-ST-ZIP	WILTON MANORS, FL 33311	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'GRADY, KEVIN	
STREET ADDRESS	200 E. BROWARD BL, #1500	
CITY-ST-ZIP	FT LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Joyce M. Karney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)