2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N16918** May 08, 2000 8:00 am Secretary of State N.E. ALZHEIMER'S DAY CARE CENTER, INC. 05-08-2000 90032 037 ****70.00 Principal Place of Business Mailing Address 227 NW 2ND ST. 227 NW 2ND ST. DEERFIELD 8EACH FL 33441-1923 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2746841 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Todd Littlejohn Street Address (P.O. Box Number is Not Acceptable) 790 NW 1st Avenue FOX. RAYMOND N 1589 S.W. 21ST TERRACE #142 City Zip Code 33441 **DEERFIELD BEACH FL 33441** Deerfield Beach, FL 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 inted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition ☐ Defete TITLE NAME NAME WEINSTEIN, RALPH STREET ADDRESS STREET ADDRESS 2281 SW 15TH ST. #142 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH. FL Change ☐ Addition ☐ Delete TITLE TITLE Fox, Raymond FOX, RAYMOND NAME NAME Carlisle 460 E. Ocean Ave. STREET ADDRESS STREET ADDRESS 1589 SW 21 ST TERR. CITY-ST-ZIP CITY-ST-ZIP Lantana, FL 33462 **DEERFIELD BCH FL 33441** Change ☐ Addition D ☐ Delete TITLE TITLE Passman, Howard 1525 NW 3rd Street NAME PASSMAN, HOWARD STREET ADDRESS STREET ADDRESS 1898 W HILLSBORO BLVD, SUITE E 33442 Deerfield Beach, FL CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL 33442 (Change Addition ☐ Delete TITLE Gross, Ann Chanabie NAME CHANANIE, ANN STREET ADDRESS STREET ADDRESS 1026 Newport H 1026 NEWPORT H CITY-ST-ZIP CITY-ST-ZIP Deerfield Beach, FL 33442 DEERFIELD BEACH FL 33442 Change ☐ Addition ☐ Delete TITLE NAME NAME KAISER, IRVING STREET ADDRESS STREET ADDRESS 2007 CAMBRIDGE -A CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 N Delete Change ☐ Addition TITLE TITLE NAME MESMER, JAKE NAME STREET ADDRESS STREET ADDRESS 12196 GLENMORE DR CITY-ST-ZIP CITY-ST-7IP CORAL SPRINGS FL 33071 I hereby certify that the information supplied with this filling 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.

Daytime Phone #

OFFICERS OF THE N.E. FOCAL POINT CASA, INC.

#N16.918 A00**55**985

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