

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
 05-10-2001 90072 028 \*\*\*\*61.25

**DOCUMENT # N26285**

1. Entity Name

**ALZHEIMER'S SUPPORT, INC.**

Principal Place of Business

1010 E. SLVR. SPGS. BLVD.  
 SUITE D  
 Ocala FL 34470  
 US

Mailing Address

PO BOX 6793  
 Ocala FL 34478-6793  
 US

2. Principal Place of Business

**1713 E. SLVR. SPGS BLVD**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**Suite 2**

**Ocala FL**

**34470 U.S.**

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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2930981**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BENDULA, JEAN M.**  
**4680 N.W. 80 CT**  
**Ocala FL 34482-2056**

7. Name and Address of New Registered Agent

Name **J. RANDALL HAMMETT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5353 SW COLLEGE Rd**  
 City **Ocala** **FL** Zip Code **34474**

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 checked="" type="checkbox"/> Delete |
| NAME           | CARTER, NANCY                            | <b>NOT DELETE</b>                          |
| STREET ADDRESS | 4311 S.E. 44TH ST                        |  |
| CITY-ST-ZIP    | Ocala FL 34480                           |  |
| TITLE          | DP                                       | <input type="checkbox"/> Delete            |
| NAME           | KAYLOR, JULIE                            |  |
| STREET ADDRESS | <del>6070 SW 80 AVE</del> 1102 SE 36 AVE |  |
| CITY-ST-ZIP    | Ocala FL 34481 34471                     |  |
| TITLE          | DT                                       | <input checked="" type="checkbox"/> Delete |
| NAME           | SOMMERRUK, GLORIA                        |  |
| STREET ADDRESS | 1839 SW 34 CT                            |  |
| CITY-ST-ZIP    | Ocala FL 34474                           |  |
| TITLE          | DV                                       | <input type="checkbox"/> Delete            |
| NAME           | DETRAGLIA, ANN                           |  |
| STREET ADDRESS | 27 SE 11 AVE.                            |  |
| CITY-ST-ZIP    | Ocala FL 34470                           |  |
| TITLE          | DW                                       | <input type="checkbox"/> Delete            |
| NAME           | WIGGINS, GEORGE                          |  |
| STREET ADDRESS | 3530 S.W. 147 LANE                       |  |
| CITY-ST-ZIP    | Ocala FL 34473                           |  |
| TITLE          | DS                                       | <input type="checkbox"/> Delete            |
| NAME           | HOLLAND, DOROTHY                         |  |
| STREET ADDRESS | 6040 SE. 126 ST.                         |  |
| CITY-ST-ZIP    | BELLVIEW FL 34420                        |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | D/M                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | CRAIG T. CLARK     |  |
| STREET ADDRESS | 2061 NE 40th St.   |  |
| CITY-ST-ZIP    | Ocala, FL 34479    |  |
| TITLE          | D                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | DANITA TOMASELLO   |  |
| STREET ADDRESS | 4515 SE 62nd St    |  |
| CITY-ST-ZIP    | Ocala, FL 34480    |  |
| TITLE          | D/T                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | J. RANDALL HAMMETT |  |
| STREET ADDRESS | 6353 SW COLLEGE Rd |  |
| CITY-ST-ZIP    | Ocala, FL 34474    |  |
| 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    |                    |  |
| 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:

**SEAL REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 20, 2001**

Date

Daytime Phone #

CR2E037 (10/00)