

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90125 034 \*\*\*\*61.25

**DOCUMENT # N26285**

1. Entity Name

**ALZHEIMER'S SUPPORT, INC.**

Principal Place of Business

**1713 E.SILVER SPRINGS BLVD  
 SUITE 2  
 OCALA FL 34470  
 US**

Mailing Address

**PO BOX 6793  
 OCALA FL 34478-6793  
 US**

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

**59-2930981**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMMETT, J.RANDALL  
 5353 SW COLLEGE RD  
 OCALA FL 34474**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
 NAME **CARTER, NANCY**  
 STREET ADDRESS **4311 S.E. 44TH ST**  
 CITY-ST-ZIP **OCALA FL 34480**

TITLE **D** ☒ Change ☒ Addition  
 NAME **Craig T. Clark**  
 STREET ADDRESS **2061 NE 40th St. Ocala, fl 34479**

TITLE **DP** ☐ Delete  
 NAME **KAYLOR, JULIE**  
 STREET ADDRESS **9070 SW 80 AVE**  
 CITY-ST-ZIP **OCALA FL 34481**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT** ☐ Delete  
 NAME **HAMMETT, J.RANDALL**  
 STREET ADDRESS **5353 SW COLLEGE RD**  
 CITY-ST-ZIP **OCALA FL 34474**

TITLE **DT** ☐ Change ☐ Addition  
 NAME **Hammett, J.Randall**  
 STREET ADDRESS **5353 SW College Rd**  
 CITY-ST-ZIP **Ocala, FL 34474**

TITLE **DVP** ☐ Delete  
 NAME **DETRAGLIA, ANN**  
 STREET ADDRESS **27 SE 11 AVE.**  
 CITY-ST-ZIP **OCALA FL 34470**

TITLE **DVP** ☒ Change ☒ Addition  
 NAME **Pinard, June**  
 STREET ADDRESS **4849 SE 110 St. suite 51**  
 CITY-ST-ZIP **Belleview, FL 34420**

TITLE **DBM** ☒ Delete  
 NAME **WIGGINS, GEORGE**  
 STREET ADDRESS **3530 S.W. 147 LANE**  
 CITY-ST-ZIP **OCALA FL 34473**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS** ☒ Delete  
 NAME **HOLLAND, DOROTHY**  
 STREET ADDRESS **6040 SE. 126 ST.**  
 CITY-ST-ZIP **BELLVIEW FL 34420**

TITLE **DS** ☒ Change ☒ Addition  
 NAME **Robert Maybe**  
 STREET ADDRESS **1601 SE 24th Road**  
 CITY-ST-ZIP **Ocala, FL 34471**

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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02 352-237-1388**  
 Date Daytime Phone #

CR2E037 (9/01)