

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36530

1. Entity Name

CENTER FOR GERONTOLOGY, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90225 044 ****61.25

Principal Place of Business

2110 NE 30TH ST
FT. LAUDERDALE FL 33306

Mailing Address

PO BOX 24384
FT. LAUDERDALE FL 33307
US

2. Principal Place of Business

800 E. Broward

3. Mailing Address

- Same -

Suite, Apt. #, etc.

608

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Zip

33301

Country

Broward

Zip

Country

4. FEI Number

65-0191347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRANG, SAMUEL B., III
2110 N.E. 30TH STREET
FT. LAUDERDALE FL 33306

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 the 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 ☐ Delete
NAME STRANG, SAMUEL B., III
STREET ADDRESS 2110 NE 30TH ST
CITY-ST-ZIP FT. LAUDERDALE FL 33306

TITLE D ☐ Delete
NAME ROBERT MCKINLAY
STREET ADDRESS 11300 NE 2ND AVE
CITY-ST-ZIP FT. LAUDERDALE FL 33161

TITLE D ☒ Delete
NAME BURKE, ROBERT
STREET ADDRESS PO BOX 24384
CITY-ST-ZIP FT LAUDERDALE FL 33307

TITLE ☐ Delete
NAME Susan McKamey Deckerhoff
STREET ADDRESS P.O. Box 24384
CITY-ST-ZIP Ft. Lauderdale, FL 33307

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)