

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-30-2001 90010 020 ****70.00

DOCUMENT # N41822

1. Entity Name

ELDER CARE OF ALACHUA COUNTY, INC.

Principal Place of Business

3303 N.W. 83RD ST.
 GAINESVILLE FL 32606
 US

Mailing Address

P.O. BOX 100303
 GAINESVILLE FL 32610-0303
 US

00010461



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3051104

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRILL, LEONARD J
1329 S.W. 16TH STREET
GAINESVILLE FL 32610

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 PD Delete
 NAME LOMBARDI, DEBORAH
 STREET ADDRESS 1043 ARAGON AVE
 CITY-ST-ZIP WINTER PARK FL 32789

TITLE DC Change Addition
 NAME Barnett, Larry
 STREET ADDRESS 6123 Lundy Place
 CITY-ST-ZIP Burke, VA 22015

TITLE D Delete
 NAME MONTGOMERY, JEFF
 STREET ADDRESS 2630A NW 41ST ST
 CITY-ST-ZIP GAINESVILLE FL 32606

TITLE DV Change Addition
 NAME Guerrin, Paula
 STREET ADDRESS 6701 NW 52nd Terr
 CITY-ST-ZIP ~~Gainesville, FL 32653~~

TITLE D Delete
 NAME CHANCE, JEAN
 STREET ADDRESS UF, 3046 WEIMER HALL
 CITY-ST-ZIP GAINESVILLE FL

TITLE DT Change Addition
 NAME Carter, Dennis
 STREET ADDRESS 1600 SW Archer Rd, Box 100336
 CITY-ST-ZIP Gainesville, FL 32610

TITLE D Delete
 NAME BANKS, LAKAY
 STREET ADDRESS 1335 SE 11TH AVE.
 CITY-ST-ZIP GAINESVILLE FL

TITLE DS Change Addition
 NAME Klein, Phyllis
 STREET ADDRESS 4026 NW 22nd Dr
 CITY-ST-ZIP Gainesville, FL 32605

TITLE D Delete
 NAME MARTIN, GLORIA
 STREET ADDRESS 901 NW 8TH AVE, STE. A-2
 CITY-ST-ZIP GAINESVILLE FL

TITLE D Change Addition
 NAME Lombardi, Deborah
 STREET ADDRESS 1043 Aragon Ave
 CITY-ST-ZIP Winter Park, FL 32789

TITLE DT Delete
 NAME GAY, GREG H
 STREET ADDRESS 1329 SW 16TH ST, BOX 100336
 CITY-ST-ZIP GAINESVILLE FL 32610

TITLE D Change Addition
 NAME Tubb, Marilyn
 STREET ADDRESS 1600 SW Archer Rd, Box 100327
 CITY-ST-ZIP Gainesville, FL 32610

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: *Paula Guerrin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01 352-365-6985
 Date Daytime Phone #

CR2E037 (10/00)

Attachment Doc # N41822 - D0010487

Box 11. Continued

Title D **Change** **Addition**
Name Gainer, Mary Frances
Street Address 6015 SW 39th Way
City-ST-Zip Gainesville, FL 32608

Title D **Change** **Addition**
Name Dwyer, Jeffrey M.D.
Street Address 1600 SW Archer Rd, Box 100177
City-ST-Zip Gainesville, FL 32610

Title D **Change** **Addition**
Name Besalki, Robert Rev.
Street Address 4520 NW 16th Place
City-ST-Zip Gainesville, FL 32605
