

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90170 047 ****70.00

DOCUMENT # N41822

1. Entity Name

ELDER CARE OF ALACHUA COUNTY, INC.



Principal Place of Business

**4026 NW 22ND DRIVE
GAINESVILLE FL 32605
US**

Mailing Address

**P.O. BOX 100903
GAINESVILLE FL 32610-0903
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 **59-3051104**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input type="checkbox"/> Delete
NAME	GUERRIN, PAULA	
STREET ADDRESS	6701 NW 52ND TERR	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTGOMERY, JEFF	
STREET ADDRESS	2630A NW 41ST ST	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHANCE, JEAN	
STREET ADDRESS	UF, 3046 WEIMER HALL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, GLORIA	
STREET ADDRESS	5501 NW 53RD CT	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VANDEBOSCH, RICHARD	
STREET ADDRESS	17118 138TH AVE NW	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAINER, MARY FRANCES	
STREET ADDRESS	6015 NW 52ND TERR	
CITY-ST-ZIP	GAINESVILLE FL 32608	

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guerrin, Paula	
STREET ADDRESS	6701 NW 52nd Terr	
CITY-ST-ZIP	Gainesville, FL 32653	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin, Gloria	
STREET ADDRESS	5715 NW 57th Way	
CITY-ST-ZIP	Gainesville, FL 32653	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Klein, Phyllis	
STREET ADDRESS	4026 NW 22 DR	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carter, Dennis	
STREET ADDRESS	1329 SW 16th ST, Box 100336	
CITY-ST-ZIP	Gainesville, FL 32610	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ebersole, Bill	
STREET ADDRESS	2735 NW 22 DR	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Banks, Lakay	
STREET ADDRESS	1335 SE 11 Ave	
CITY-ST-ZIP	Gainesville, FL 32641	

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 REQUIRED

Dennis D. Carter
1/18/03 352-265-7962

CR2E037 (10/02)

Attachments | 0009651

NY/88

Box 11. Continued

Title D Change Addition
Name Holloway, Sam Sr.
Street Address 500 NW 43rd Street, Ste 3
City-ST-Zip Gainesville, FL 32607

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

Title D Change Addition
Name Resnick, Wendy
Street Address PO Box 742
City-ST-Zip Newberry, FL 32669

Title D Change Addition
Name Dwyer, Jeffrey Ph.D.
Street Address PO Box 100177
City-ST-Zip Gainesville, FL 32610

Title D Change Addition
Name Sutherland, Rita
Street Address 3000 NW 83rd St, W-201
City-ST-Zip Gainesville, FL 32606

Title D Change Addition
Name Tubb, Marilyn
Street Address 1600 SW Archer Rd/Box 100326
City-ST-Zip Gainesville, FL 32610

Title D Change Addition
Name Thompson, Susan
Street Address P.O. Box 147006
City-ST-Zip Gainesville, FL 32614