

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46016

1. Entity Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCI

Principal Place of Business

Mailing Address

118 SULLIVAN STREET  
PUNTA GORDA FL 33950  
US

P.O BOX 510042  
PUNTA GORDA FL 33951-0042  
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

65-0113487

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 MALANAPHY, RICHARD  
STREET ADDRESS 1380 VISCAYA DRIVE  
CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE P / D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME RUSSO, DIANE C  
STREET ADDRESS 2811 TAMiami TrL, UNIT Q  
CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE S / D ☐ Change ☒ Addition  
NAME CAROL ANN LUCAS  
STREET ADDRESS 726 ELLICOTT CIR  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☒ Delete  
NAME JABLONSKI, MARYELLEN  
STREET ADDRESS 102 MARK TWAIN LN  
CITY-ST-ZIP ROTUNDA WEST FL 33947

TITLE VP / D ☐ Change ☒ Addition  
NAME PATRICIA TOBIN  
STREET ADDRESS 776 LAKE OF THE WOODS  
CITY-ST-ZIP VENICE FL 34293

TITLE S ☒ Delete  
NAME COCHRAN, RETA  
STREET ADDRESS 21422 KENYON AVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

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

TITLE D ☐ Delete  
NAME DOYLE, ROBERT  
STREET ADDRESS 118 SULLIVAN STREET  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE EXEC DIR ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Malanaphy

Date

Daytime Phone #

4/27/00

941-625-7361

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE