

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46016

1. Entity Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC.-CHARLOTTE/DESOTO COUNTIES CHAPTER

Principal Place of Business

Mailing Address

22107 ELMIRA BLVD
PORT CHARLOTTE FL 33952
US

P O BOX 2685
PORT CHARLOTTE FL 33949-2685
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33949-4768

USA

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 PD
NAME LUCAS, CAROL ☐ Delete
STREET ADDRESS 728 ELLICOTT CIRCLE
CITY-ST-ZIP PT CHARLOTTE FL 33952

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

TITLE VPD
NAME KELLER, PAMELA ☐ Delete
STREET ADDRESS 35380 WASHINGTON LOOP ROAD
CITY-ST-ZIP PUNTA GORDA FL 33982

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

TITLE DST
NAME SPENCER, KIM ☐ Delete
STREET ADDRESS 20610 TAPPAN ZEE DRIVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

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

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

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

TITLE D
NAME DOYLE, ROBERT ☐ Delete
STREET ADDRESS 142 TROPICANA DRIVE
CITY-ST-ZIP PUNTA GORDA FL 33950

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

TITLE Treasurer
NAME Sherri Dioguardi ☐ Delete
STREET ADDRESS 2465 Nova Lane
CITY-ST-ZIP Port Charlotte FL 33980

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:

Sherri Dioguardi Treasurer 2-4-02 (941) 235-7470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)