2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90030 050 ****61.25

DOCUMENT # N95000002103

1. Entity Name

ALVIN A. DUBIN ALZHEIMER'S RESOURCE CENTER, INC.

Principal Place of Business	Mailing Address
9470 HEALTHPARK CIRCLE FORT MYERS FL 33908 US	9470 HEALTHPARK CIR FT MYERS FL 33908-3600 US

DO NOT WRITE IN THIS SPACE

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 65-0580633 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OSTERHOUT, JULIE
10175-4 SIX MILE CYPRESS PARKWAY
FORT MYERS FL 33912

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 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ D ENSLEN, BILL 9470 HEALTHPARK FT MYERS FL 33908	☐ Delete	Treasurer (TD) Scott Shotwell 8060 College Pkwy SW Ft.Myers FL 33919	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROWE, DAVID 6239 PRESIDENTIAL CT STE 4B FT MYERS FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HAYWARD, ARCHIE PO BOX 447 FT MYERS FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HESSEL, PAT 6214 PRESIDENTIAL CT STE F FORT MYERS FL 33919	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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 David S. Browe 4/4/00 941-466-8889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #