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

FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90211 023 ****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 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10051 McGregor Blvd	10051 McGregor Blvd
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.: Suite 101
City & State: Ft. Myers FL	City & State: Ft. Myers FL
Zip: 33919 Country: USA	Zip: 33919 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	7. Name and Address of New Registered Agent
OSTERHOUT, JULIE 10175-4 SIX MILE CYPRESS PARKWAY FORT MYERS FL 33912	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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAYWARD, ARCHIE B JR PO BOX 447 FORT MYERS FL 33902	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Past President/Director Hayward, Archie B. Jr. PO Box 447 Ft Myers FL 33902	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HESSEL, PAT 8695 COLLEGE PKWY FORT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Hessel, Patricia 8695 College Pkwy Ft Myers FL 33919	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BELISLE, JOHN PO BOX 60139 FORT MYERS FL 33906	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Belisle, John PO Box 60139 Ft. Myers FL 33906	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHIMP, KATHLEEN 822 CYPRESS LAKE CIRCLE FORT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Portius, Lou 16742 Panther Paw Ct Ft. Myers FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 - Kathleen Shimp 4/21/03 239 437 3007