

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005960

1. Entity Name

PORT ST. LUCIE ALZHEIMER'S SUPPORT GROUP, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90125 011 ****61.25

Principal Place of Business

Mailing Address

5464 NW COMMODORE TERR
PORT ST. LUCIE FL 34983
US

5464 NW COMMODORE TERR
PORT ST. LUCIE FL 34983-2303
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

65-0657087

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

HULL, DOROTHY E
5454 N.W. COMMODORE TERRACE
PORT ST. LUCIE FL 34983

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 ☐ Delete
NAME D
STREET ADDRESS BRIGGS, DONALD L.
CITY-ST-ZIP 2561 S.E. MARIUS ST.
PORT ST. LUCIE FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MURAD, ELIZABETH
CITY-ST-ZIP 3990 SW BRUNSWICK ST
PT ST LUCIE FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BROWN, SR., JAMES W
CITY-ST-ZIP 8531 FLORENCE DR.
PORT ST. LUCIE FL 34952

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

TITLE ☐ Delete
NAME DP
STREET ADDRESS HULL, DOROTHY
CITY-ST-ZIP 5464 N.W. COMMODORE TERR.
PORT ST. LUCIE FL 34983

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

TITLE ☐ Delete
NAME DT
STREET ADDRESS HULL, CHARLES H
CITY-ST-ZIP 5464 N.W. COMMODORE TERR.
PORT ST. LUCIE FL 34983

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

TITLE ☐ Delete
NAME DS
STREET ADDRESS CAHILL, VI
CITY-ST-ZIP 4326 GATOR TRACE CIR
FT PIERCE FL

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

Date

Daytime Phone #

SIGNATURE: *Dorothy E. Hull* 4/27/00 561-340-2226

CR2E037 (9/99)