

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 13, 2001 8:00 am**
Secretary of State

02-13-2001 90590 040 ****61.25

UBR3129

DOCUMENT # N95000005960

1. Entity Name

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

Principal Place of Business

**5464 NW COMMODORE TERR
PORT ST. LUCIE FL 34983
US**

Mailing Address

**5464 NW COMMODORE TERR
PORT ST. LUCIE FL 34983
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 NAME STREET ADDRESS CITY-ST-ZIP	D BRIGGS, DONALD L. 2561 S.E. MARIUS ST. PORT ST. LUCIE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURAD, ELIZABETH 3990 SW BRUNSWICK ST PT ST LUCIE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, SR., JAMES W 8531 FLORENCE DR. PORT ST. LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HULL, DOROTHY 5464 N.W. COMMODORE TERR. PORT ST. LUCIE FL 34983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HULL, CHARLES H 5464 N.W. COMMODORE TERR. PORT ST. LUCIE FL 34983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CAHILL, VI 4326 GATOR TRACE CIR FT PIERCE FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/01 561-340-2226

CR2E037 (10/00)