

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/5/

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90043 043 \*\*\*\*61.25

**DOCUMENT # N99000000053**

1. Entity Name

**DEVELOPMENTALLY DISABLED ADULT CARE, INC.**

Principal Place of Business

Mailing Address

5743 NW 50 DRIVE  
CORAL SPRINGS FL 33067

5743 NW 50 DRIVE  
CORAL SPRINGS FL 33067-4011

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

65-0968938

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**HAMMER, ALAN**  
**5743 NW 50 DRIVE**  
**CORAL SPRINGS FL 33067**

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          | DIRECTOR <input type="checkbox"/> Delete   |
| NAME           | ALAN HAMMER                                |
| STREET ADDRESS | 5743 NW 50TH AVE                           |
| CITY-ST-ZIP    | CORAL SPRINGS FL 33067                     |
| TITLE          | VIC E PNA. <input type="checkbox"/> Delete |
| NAME           | LOUIS BRICKMAN                             |
| STREET ADDRESS | 291 S. HOLLYBROOK DR.                      |
| CITY-ST-ZIP    | PENAROCKE PINES, FL 33026                  |
| TITLE          | PRESIDENT <input type="checkbox"/> Delete  |
| NAME           | HOWIS EGERT                                |
| STREET ADDRESS | 2912 HASTING CIRCLE                        |
| CITY-ST-ZIP    | COOPER CITY FL 33026                       |
| TITLE          | SECRETARY <input type="checkbox"/> Delete  |
| NAME           | BETH ALLEN                                 |
| STREET ADDRESS | 1430 NW 122ND AVE                          |
| CITY-ST-ZIP    | PENAROCKE PINES, FL 33026                  |
| TITLE          | TREASURER <input type="checkbox"/> Delete  |
| NAME           | ALLAN GOTTESMAN                            |
| STREET ADDRESS | 10326 GUITO STREET                         |
| CITY-ST-ZIP    | COOPER CITY, FL 33026                      |
| TITLE          | <input type="checkbox"/> Delete            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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

**ALAN HAMMER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/2000 954 753 7725