

2000 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Jun 08, 2000 8:00 am
Secretary of State
 01-28-2000 90110 013 ****70.00

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1. Entity Name

INTERNATIONAL ALZHEIMER'S FOUNDATION TRUST OF HI

Principal Place of Business

2277 S.W. OLYMPIC CLUB TERRACE
 PALM CITY FL 34990

Mailing Address

2277 S.W. OLYMPIC CLUB TERRACE
 PALM CITY FL 34990-6044

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

☒ 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

COSENTINO, JAMES
2277 S.W. OLYMPIC CLUB TERRACE
PALM CITY FL 34990

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 fee 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
					PDT	COSENTINO JAMES	2277 SW OLYMPIC CLUB TERRACE	PALM CITY FL 34990		
					VDS	LAPORTE, SHEILA	722 NW VIRGINIA STREET	PORT ST LUCIE FL		
					D	DISBURY, DANIEL W	6936 NW 1ST STREET	MARGATE FL		

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:

JAMES COSENTINO 561
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/24/00 Daytime Phone # 486-6532

CR2E037 (9/99)