

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004283

1. Entity Name

ALZHEIMER'S HELPERS, INC.

Principal Place of Business

Mailing Address

1543 APACHE CIRCLE
TAVARES FL 32778

1543 APACHE CIRCLE
TAVARES FL 32778-2547

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

59-3585641

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

FAY, WILLIAM
1543 APACHE CIRCLE
TAVARES FL 32778

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 PVPD ☐ Delete
NAME FAY, WILLIAM
STREET ADDRESS 1543 APACHE CIRCLE
CITY-ST-ZIP TAVARES FL 32778

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

TITLE SD ☐ Delete
NAME ZINKE, N. JAUNITA
STREET ADDRESS 30105 TAVARES RIDGE BLVD.
CITY-ST-ZIP TAVARES FL 32778

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

TITLE TD ☐ Delete
NAME HARBISON, ANNA MARIE
STREET ADDRESS 1543 APACHE CIRCLE
CITY-ST-ZIP TAVARES FL 32778

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

TITLE D ☐ Delete
NAME HOUSE, KIMBERLY M
STREET ADDRESS 33944 TARAWOOD DRIVE
CITY-ST-ZIP LEESBURG FL 34788

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

TITLE D ☐ Delete
NAME LARSON, RITA L
STREET ADDRESS 1084 S. FORK CIRCLE
CITY-ST-ZIP MELBOURNE FL 32901

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

TITLE D ☐ Delete
NAME HAUNGS, RUTH M
STREET ADDRESS THE FOUNTAINS, #D240, 4461 STACK BLVD.
CITY-ST-ZIP MALBOURNE FL 32901

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 #

WILLIAM FAY/President 2-3-00

352-343-0947



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)