2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90064 005 ****61.25

0024221

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

DO NOT WRITE IN THIS SPACE

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
FAY, WILLIAM 1543 APACHE CIRCLE TAVARES FL 32778	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	PVPD FAY, WILLIAM 1543 APACHE CIRCLE TAVARES FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ZINKE, N. JAUNITA 30105 TARARES RIDGE BLVD. TAVARES FL 32778	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARBISON, ANNA MARIE 1543 APACHE CIRCLE TAVARES FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S/D FAY, ANNA MARIE 1543 APACHE CIRCLE TAVARES, FLORIDA 32778 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUSE, KIMBERLY M 33944 TARAWOOD DRIVE LEESBURG FL 34788	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZUCKERMAN, BETTY 220 N. ROCKINGHAM AVE. TAVARES, FLORIDA 32778 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARSON, RITA L 1084 S. FORK CIRCLE MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARSON, RITA L 5647 WOOD STORK LANE GRANT, FLORIDA 32949 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAUNGS, RUTH M THE FOUNTAINS, #D240, 4461 STACK BLVD. MALBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAUNGS, RUTH M 101 CYPRESS BROOK CIRCLE #707 MELBOURNE, FLORIDA 32901 ☑ Change ☐ Addition

CR2E037 (10/00)

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: William Fay WILLIAM FAY 4-6-2001 352-343-0947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #