

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90139 008 ****61.25

DOCUMENT # N99000004283

1. Entity Name
ALZHEIMER'S HELPERS, INC.



Principal Place of Business

**1543 APACHE CIRCLE -
TAVARES FL 32778**

Mailing Address

**1543 APACHE CIRCLE -
TAVARES FL 32778**

2. Principal Place of Business

871 VINDALE ROAD

Suite, Apt. #, etc.

3. Mailing Address

871 VINDALE ROAD

Suite, Apt. #, etc.

City & State

TAVARES FL

City & State

TAVARES FL

Zip
32778

Country
USA

Zip
32778

Country
USA

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

FAY, WILLIAM

**1543 APACHE CIRCLE -
TAVARES FL 32778**

7. Name and Address of New Registered Agent

Name **FAY, WILLIAM**

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

871 VINDALE ROAD

City **TAVARES**

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent. **WILLIAM FAY**

SIGNATURE

William Fay 3/24/03 President

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPD FAY, WILLIAM 1543 APACHE CIRCLE - TAVARES FL 32778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUCKERMAN, BETTY 220 N ROCKINGHAM AVENUE - TAVARES FL 32778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSB FAY, ANNA MARIE 1543 APACHE CIRCLE - TAVARES FL 32778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, RITA L 5647 WOOD STORK LANE GRANT FL 32949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUNGS, RUTH M 101 CYPRESS BROOK CIRCLE #707 MALBOURNE FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 871 VINDALE RD TAVARES FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5002 ASHMEADE ROAD ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 871 VINDALE RD TAVARES FL 32778
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
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. **WILLIAM FAY**

SIGNATURE: *William Fay 3/24/03*

352-343-0947

CR2E037 (10/02)