

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007199

1. Entity Name

TAKE CHARGE AMERICA - CURE PARKINSON'S, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State

05-17-2000 90876 042 ****61.25

308823



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3205 S.E. 7TH STREET SUITE 107 POMPANO BEACH FL 33062	3205 S.E. 7TH STREET SUITE 107 POMPANO BEACH FL 33062

2. Principal Place of Business 3205 SE 7th St. Ste 107 Suite, Apt. #, etc. Pompano Beach City & State Florida Zip 33062 Country USA	3. Mailing Address Same Suite, Apt. #, etc. City & State City & State Zip Country
--	---

4. FEI Number 65-0967819	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LANDES, ALISON S 3205 S.E. 7TH STREET SUITE 107 POMPANO BEACH FL 33062
--

7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	Alison Landes, Pres. <input type="checkbox"/> Delete 3205 SE 7th Street Suite 107 Pompano Beach, FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec'y/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joan Villanti 21230 Raindance Lane Boca Raton, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kathrynne Holden, Director <input type="checkbox"/> Delete 455 Golden Isles Drive #306 Hallandale, Florida 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fran Landes 22773 Meridiana Drive Boca Raton, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lynne Brenes, Director <input type="checkbox"/> Delete 5646 Wellesley Park #202 Boca Raton, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Barbara Broxmeyer 1489 West Palmetto Park Rd. Boca Raton, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Stuart Isaacson, M.D. 801 Meadows Rd. #104 Boca Raton, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Deborah Tracht 50 NE 26th St. Suite 204 Pompano Beach, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Alison Landes Alison Landes 4/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

Doc#-N99000007199

308823

TAKE CHARGE AMERICA – CURE PARKINSON'S, INC.

3205 SE 7th Street Suite 107
Pompano Beach, Florida 33062

Tel: 954.785.0551 Fax: 954.785.6541 E-Mail: aslandes@aol.com

July 22, 2000

Florida Dept. of State
Division of Corporations

~~P.O. Box 6327~~
Tallahassee, Florida 32314

Subject: TAKE CHARGE AMERICA – CURE PARKINSON'S, INC.


Reference Number: N99000007199

Dear Sir/Madam:

Attached per your request is title of each officer/director listed on report.
Thank you for your assistance. I apologize for the delay in getting back to you,
as we are a young non-profit volunteer organization.

I telephoned the number on your letter about the delay and was assured
that they understood and we would be okay to get the corrected paperwork back
to you for our records.

Sincerely,


Alison Landes
President