5/16/01-90192-031-$61.25-$61.25

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007199

1. Entity Name

TAKE CHARGE ~~AMERICA~~ CURE PARKINSON'S, INC.

FILED
01 JUN 13 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

65667

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 3205 S.E. 7TH STREET<br>SUITE 107<br>POMPANO BEACH FL 33062 | 3205 S.E. 7TH STREET<br>SUITE 107<br>POMPANO BEACH FL 33062 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1489 W. Palmetto Park Rd. | |
| Suite, Apt. #, etc.<br>Suite 442 | Suite, Apt. #, etc. |
| City & State<br>Boca Raton, Florida | City & State |
| Zip: 33486 / Country: USA | Zip / Country |

4. FEI Number 65-0967819 — 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 |
|---|---|
| LANDES, ALISON S<br>3205 S.E. 7TH STREET<br>SUITE 107<br>POMPANO BEACH FL 33062 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Alison Landes Alison Landes Chair 4/28/01

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: P S<br>NAME: LANDES, ALISON<br>STREET ADDRESS: 3205 SE 7TH STREET STE 107<br>CITY-ST-ZIP: POMPANO BEACH FL 33062 | ☐ Delete | TITLE: Chair T<br>NAME: LANDES, ALISON<br>STREET ADDRESS: 3205 SE 7th St. #107<br>CITY-ST-ZIP: Pompano Beach, FL 33062 | ☒ Change ☒ Addition |
| TITLE: D<br>NAME: HOLDEN, KATHRYNNE<br>STREET ADDRESS: 455 GOLDEN ISLES DRIVE #306<br>CITY-ST-ZIP: HALLANDALE FL 33009 | ☒ Delete | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Change ☐ Addition |
| TITLE: D<br>NAME: BRENES, LYNNE<br>STREET ADDRESS: 5646 WELLESLEY PARK #202<br>CITY-ST-ZIP: BOCA RATON FL | ☐ Delete | TITLE: Secretary T<br>NAME: Brenes, Lynne<br>STREET ADDRESS: 5646 Wellesley Park #202<br>CITY-ST-ZIP: Boca Raton, FL 33433 | ☐ Change ☒ Addition |
| TITLE: ST<br>NAME: VILLANTI, JOAN<br>STREET ADDRESS: 21230 RAINDANCE LANE<br>CITY-ST-ZIP: BOCA RATON FL 33428 | ☒ Delete | TITLE: Treasurer T<br>NAME: Glenn Bernard, CPA<br>STREET ADDRESS: 6421 Congress Ave Suite 100<br>CITY-ST-ZIP: Boca Raton, FL 33487 | ☐ Change ☒ Addition |
| TITLE: D<br>NAME: LANDERS, FRAN<br>STREET ADDRESS: 22773 MERIDIANA DRIVE<br>CITY-ST-ZIP: BOCA RATON FL 33486 | ☒ Delete | TITLE: Director T<br>NAME: Stuart Isaacson, M.D<br>STREET ADDRESS: 801 Meadows Rd. #104<br>CITY-ST-ZIP: Boca Raton, FL 33486 | ☐ Change ☒ Addition |
| TITLE: VP<br>NAME: BROXMEYER, BARBARA<br>STREET ADDRESS: 1489 WEST PALMETTO PARK RD<br>CITY-ST-ZIP: BOCA RATON FL 33486 | ☒ Delete | TITLE: Ed Kaplan, Vice Chair T<br>NAME:<br>STREET ADDRESS: 6786 Willow Wood Drive<br>CITY-ST-ZIP: Boca Raton, FL 33434 | ☐ 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: Alison Landes ALISON LANDES Alison Landes 4/28/01 954 785 0551 or ~~561 620 1770~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #