

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91700 024 ****61.25

DOCUMENT # N99000007199

1. Entity Name

TAKE CHARGE! CURE PARKINSONS, INC.

Principal Place of Business

Mailing Address

1489 W. PALMETTO PARK ROAD
 SUITE 442
 BOCA RATON FL 33486

1489 W. PALMETTO PARK ROAD
 SUITE 442
 BOCA RATON FL 33486

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

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.
 3205 S.E. 7TH STREET
 SUITE 107
 POMPANO BEACH FL 33062

Name
LANDES, ALISON S.
 Street Address (P.O. Box Number is Not Acceptable)
3216 SE ELEVENTH ST.
 City **POMPANO BEACH** FL Zip Code **33062**

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 **CT** ☐ Delete
 NAME **LANDES, ALISON**
 STREET ADDRESS **3205 SE 7TH STREET STE 107**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **CD (CHAIR-DIRECTOR)** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **BRENES, LYNNE**
 STREET ADDRESS **5646 WELLESLEY PARK, #202**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **SD SECRETARY DIRECTOR** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TT** ☐ Delete
 NAME **BERNGARD, GLENN CPA**
 STREET ADDRESS **6421 CONGRESS AVE., STE. 100**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **TD TREASURER DIRECTOR** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** ☒ Delete
 NAME **ISAACSON, STUART M.D.**
 STREET ADDRESS **801 MEADOWS RD., #104**
 CITY-ST-ZIP **BOCA RATON FL 33486**

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

TITLE **VCT** ☒ Delete
 NAME **KAPLAN, ED**
 STREET ADDRESS **6786 WILLOW WOOD DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33434**

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

TITLE **JEAN SCHEFRIN** ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VICE CHAIR(D) DIRECTOR** ☐ Change ☒ Addition
 NAME **JEAN SCHEFRIN**
 STREET ADDRESS **22663 W. Esplanada Circle**
 CITY-ST-ZIP **BOCA RATON, FL 33433**

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02
 Date

561.620.1970
 Daytime Phone #

CR2E037 (9/01)