

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 16, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000093524

1. Entity Name
 AMORE ALZHEIMER'S AND DEMENTIA CARE OF THE TREASURE CO
 AST, INC.

Principal Place of Business 25 ISLAND RD. STUART FL 349967006	Mailing Address 25 ISLAND RD. STUART FL 349967006
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2. Principal Place of Business 25 ISLAND RD.	3. Mailing Address 25 ISLAND RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State STUART FL	City & State STUART FL
Zip 349967006	Country US

4. FEI Number 65-0900837	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOFER SONIA E
 16 PERRIWINKLE LANE

 STUART FL
 34996 US

7. Name and Address of New Registered Agent

Name
 HOFER SONIA E
 Street Address (P.O. Box Number is Not Acceptable)
 25 ISLAND RD.

 City
 STUART FL Zip Code
 349967006

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 _____ DATE **02/16/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HOFER PHILLIP A 16 PERRIWINKLE LANE STUART FL 34996	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HOFER SONIA E 16 PERRIWINKLE LANE STUART FL 34996	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HOFER PHILLIP A 25 ISLAND RD. STUART FL 349967006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HOFER SONIA E 25 ISLAND RD. STUART FL 349967006	<input checked="" 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
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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONIA E. HOFER **PTD** 02/16/2001

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

CR2E034 (1/1/00)