

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90153 001 \*\*\*158.75

**DOCUMENT # V34337**

1. Entity Name

**ALZHEIMER'S INSTITUTE OF AMERICA, INC.**

Principal Place of Business

Mailing Address

1300 N. 78TH STREET  
 SUITE 100  
 KANSAS CITY KS 66112

1300 N. 78TH STREET  
 SUITE 100  
 KANSAS CITY KS 66112-2406

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 **48-1131849**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 S PINE ISLAND RD**  
**PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	SEXTON, RONALD E	
STREET ADDRESS	2900 VERONA ROAD	
ST-ZIP	MISSION HILLS KS 66208	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MULLAN, MICHAEL J	
STREET ADDRESS	15209 PLANTATION OAKS DR.	
ST-ZIP	TAMPA FL 33647	
TITLE	T	<input type="checkbox"/> Delete
NAME	MULLAN, MICHAEL L	
STREET ADDRESS	15209 PLANTATION OAKS DRIVE	
ST-ZIP	TAMPA FL 33647	
TITLE	S	<input type="checkbox"/> Delete
NAME	CURRAN, MARJORIE E	
STREET ADDRESS	72040 PARALLEL	
ST-ZIP	KANSAS CITY KS 66112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 stated 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 of this report, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marjorie E. Curran*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-00 (913) 788-55  
 Date Daytime Phone #