

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 1300 N. 78TH STREET SUITE 100 KANSAS CITY KS 66112		Mailing Address 1300 N. 78TH STREET SUITE 100 KANSAS CITY KS 66112-2406		 DO NOT WRITE IN THIS SPACE
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 48-1131849				Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			Zip Code		

B. 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
NAME	SEXTON, RONALD E			NAME			
STREET ADDRESS	2900 VERONA ROAD			STREET ADDRESS			
ST-ZIP	MISSION HILLS KS 66208			CITY-ST-ZIP			
---	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
...	MULLAN, MICHAEL J			NAME			
... ADDRESS	15209 PLANTATION OAKS DR.			STREET ADDRESS			
... ST-ZIP	TAMPA FL 33647			CITY-ST-ZIP			
---	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
...	MULLAN, MICHAEL L			NAME			
... ADDRESS	15209 PLANTATION OAKS DRIVE			STREET ADDRESS			
... ST-ZIP	TAMPA FL 33647			CITY-ST-ZIP			
---	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
...	CURRAN, MARJORIE E			NAME			
... ADDRESS	72040 PARALLEL			STREET ADDRESS			
... ST-ZIP	KANSAS CITY KS 66112			CITY-ST-ZIP			
---		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
...				NAME			
... ADDRESS				STREET ADDRESS			
... ZIP				CITY-ST-ZIP			
---		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
...				NAME			
... ADDRESS				STREET ADDRESS			
... ZIP				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 attached, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marjorie E. Curran* **2-9-00 (913) 788-55**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #