## 2002 UNIFORM BUSINESS REPORT (UBR)

## Sep 10, 2002 8:00 am Secretary of State DOCUMENT # .38088 1. Entity Name 09-10-2002 90237 017 \*\*\*550.00 SENIOR LIVING RESIDENCES, INC. Principal Place of Business Mailing Address 108 WAGNER ROAD 1380 COLUMBIA RD **BOSTON MA 02127** BONIFAY FL 32425 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2980974 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMMS, AUDREY Street Address (P.O. Box Number is Not Acceptable) **108 WAGNER ROAD BONIFAY FL FL 32425** City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition larkin, robert f Jr NAME STREET ADDRESS 90 FAIR OAKS PARK STREET ADDRESS CITY-ST-ZIP **BOSTON MA 02492** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME SIMS, AUDERY NAME STREET ADDRESS STREET ADDRESS 108 WAGNER RD CITY-ST-ZIE CITY-ST-7IP **BONIFAY FL 32425** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4 F. Lartein, dr. 8/12/02 617.2669140 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR