

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

1007302 AF

DOCUMENT # **L99000005890**

1. Entity Name  
**SENIOR PLANNING & INVESTMENTS, LLC**

00 APR 13 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
9359 LAKE SERENA DR.  
BOCA RATON FL 33496

Mailing Address  
9359 LAKE SERENA DR.  
BOCA RATON FL 33496-6509



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*MM*

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0950713**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHARLIP, DAVID H ESQUIRE  
600 S. ANDREWS AVENUE, 6TH FLOOR  
FORT LAUDERDALE FL 33301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME **MGR MEIJER, INGRID C**  
STREET ADDRESS **3520 BAY VIEW DR**  
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGR LONDON, JOHN S**  
STREET ADDRESS **9359 LAKE SERENA DR**  
CITY-ST-ZIP **BOCA RATON FL 33496**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *John S London* **JOHN S LONDON** - 4-11-00 561-482-9449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #