2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006010

1. Entity Name

SENIORS FIRST FOUNDATION, INC.

Principal Place of Business	Mailing Address
5395 L.B. MCLEOD RD. ORLANDO FL 32811	5395 L.B. MCLEOD RD. ORLANDO FL 32811-2952

FILED

00 JUL 14 PM 12:17

[redacted]

DO NOT WRITE IN THIS SPACE

05/17/00 90946 049 61.25

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 59-3572590 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASORIA, EDWARD JR. 2153 LEE RD. WINTER PARK FL 32789	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 Edward Casoria 4/27/00

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEATTIE, KATHY 114 OAK LEAF LANE ORLANDO FL 32803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Doug Palmer 1201 S. Orlando Ave. Winter pakr, FL 32789	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURKE, NORMAN F P. O. BOX 2026 WINTER PARK FL 32790-2026	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sue Spitz 5395 L.B. McLeod Road Orlando, FL 32811	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. CASORIA, EDWARD JR. 2153 LEE RD. WINTER PARK FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bill Warren 3rd Floor S., Cubical 337 P.O. Box 10000 Lake Buena Vista, FL 32830	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAY, JOHN L 200 PASADENA PLACE ORLANDO FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David McLeod 105 W. Colonial Drive Orlando, FL 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAWKINS, WALTER G 400 S. ORANGE AVE. ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Elbare 2261 Groveland Drive Lutz, FL 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAUER, MARGARET M 908 ALMOND TREE CIR. ORLANDO FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dennis Freytes 3369 Amaca Circle Orlando, FL 32837	☐ Change ☒ Addition

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/27/00 4076299411

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

6/28