

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90247 040 ****61.25

DOCUMENT # N98000006010

1. Entity Name

SENIORS FIRST FOUNDATION, INC.



Principal Place of Business

**5395 L.B. MCLEOD RD.
ORLANDO FL 32811**

Mailing Address

**5395 L.B. MCLEOD RD.
ORLANDO FL 32811**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **PALMER, DOUG**
STREET ADDRESS **1201 S. ORLANDO AVE.**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **Hunt, Randall** ☐ Change ☒ Addition
NAME **5395 L.B. McLeod Road**
STREET ADDRESS **Orlando, FL 32811**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **KERLIN, JAN**
STREET ADDRESS **5395 L.B. MCLEOD ROAD**
CITY-ST-ZIP **ORLANDO FL 32811**

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

TITLE **D** ☐ Delete
NAME **CASORIA, EDWARD JR.**
STREET ADDRESS **2153 LEE RD.**
CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE **D** ☐ Delete
NAME **GAY, JOHN L**
STREET ADDRESS **5395 L.B. MCLEOD RD**
CITY-ST-ZIP **ORLANDO FL 32811**

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

TITLE **D** ☐ Delete
NAME **HAWKINS, WALTER G**
STREET ADDRESS **649 LIVINGSTON STREET**
CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **D** ☐ Delete
NAME **SAUER, MARGARET M**
STREET ADDRESS **908 ALMOND TREE CIR.**
CITY-ST-ZIP **ORLANDO FL 32835**

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

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 files empowered.

SIGNATURE:

Randall Hunt
RECEIVED

4/28/03

407-252-0177

CR2E037 (10/02)