

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90120 044 ****70.00

DOCUMENT # 710756

1. Entity Name

NEIGHORLY SENIOR SERVICES, INC.

Principal Place of Business
 13650 STONEYBROOK DR
 CLEARWATER FL 34622-0893

Mailing Address
 13650 STONEYBROOK DR
 CLEARWATER FL 39762-3807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1218100

Applied For

Not Applied

Zip

33762

Country

Zip

33762

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUCHHOLTZ, FREDRIC
13650 STONEYBROOK DR
CLEARWATER FL 34622-0893

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
33762

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

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

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GILLESPIE, JAMES R	
STREET ADDRESS	13650 STONEYBROOK DR	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FRENCH, GORDON S	
STREET ADDRESS	13650 STONEYBROOK DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WATKINS, GLORIA	
STREET ADDRESS	13650 STONEYBROOK DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GILLESPIE, JAMES R	
STREET ADDRESS	13650 STONEYBROOK DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	BUCHHOLTZ, FREDRIC	
STREET ADDRESS	13650 STONEYBROOK DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLUME, HERBERT L	
STREET ADDRESS	150 BELLEVIEW BLVD., 103	
CITY-ST-ZIP	BELLEAIR FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	Watkins, Gloria	
STREET ADDRESS	13650 Stoneybrook DR	
CITY-ST-ZIP	Clearwater FL 33762	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	Dean, Philip E.	
STREET ADDRESS	13650 Stoneybrook Dr	
CITY-ST-ZIP	Clearwater FL 33762	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	Mitchell, Debra	
STREET ADDRESS	13650 Stoneybrook Drive	
CITY-ST-ZIP	Clearwater FL 33762	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	Schlaug, Owen	
STREET ADDRESS	13650 Stoneybrook Drive	
CITY-ST-ZIP	Clearwater FL 33762	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	Please see attached	
STREET ADDRESS	Roster of Board of Directors.	
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 like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00
 Date

(427) 573-9444
 Daytime Phone #