

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90024 007 \*\*\*\*70.00

**DOCUMENT # 728784**

1. Entity Name

**SENIOR FRIENDSHIP CENTERS, INC.**

Principal Place of Business 1888 BROTHER GEENEN WAY SARASOTA FL 34236 US	Mailing Address 1888 BROTHER GEENEN WAY SARASOTA FL 34236-7118 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>59-1522614</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**PUST, MOLLEEN**  
**1977 CLEMATIS STREET**  
**SARASOTA FL 34239**

7. Name and Address of New Registered Agent

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>SCHERSTEN, KATHERINE</b> <b>4693 GLEBE FARM ROAD</b> <b>SARASOTA FL 34235</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SEIDER, WILLIAM</b> <b>4552 CAMINO REAL</b> <b>SARASOTA FL 34241</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>KRUPP, CHARLES</b> <b>1635 4 ST</b> <b>SARASOTA FL 34236</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ATKINS, GWENDOLYN M</b> <b>2415 N TUTTLE AVE</b> <b>SARASOTA FL 34234</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>PICAZIO, REDENTA</b> <b>120 BAYVIEW DR</b> <b>NOKOMIS FL 34275</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>SEIDER, WILLIAM</b> <b>4552 CAMINO REAL</b> <b>SARASOTA, FL 34231</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GARY MAYFIELD</b> <b>5525 AMOROSO DR.</b> <b>FORT MYERS, FL 33919</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>PICAZIO, REDENTA</b> <b>120 BAYVIEW DR.</b> <b>NOKOMIS, FL 34275</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>PUST, MOLLEEN</b> <b>1977 CLEMATIS ST.</b> <b>SARASOTA, FL 34239</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Charles Krupp **CHARLES KRUPP REQUIRED** Charles Krupp (941) 957-3949  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2-10-00 Daytime Phone #

CR2E037 (9/99)