

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90040 001 ****61.25
 01-27-2001 90040 002 *****8.75

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
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1522614

Applied For
 Not Applicable

Zip

Country

Zip

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

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

7. Name and Address of New Registered Agent

Name
Robert J. Carter
 Street Address (P.O. Box Number is Not Acceptable)
1888 Brother Geenen Way
 City
Sarasota **FL** Zip Code
34236

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

1-18-01

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	VD MAYFIEDL, GARY	<input type="checkbox"/> Delete
STREET ADDRESS	5525 AMOROSO DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE NAME	CD SEIDER, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	4552 CAMINO REAL	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE NAME	TD KRUPP, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	1635 4 ST	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE NAME	SD PICAZIO, REDENTA	<input type="checkbox"/> Delete
STREET ADDRESS	120 BAYVIEW DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE NAME	VTD PUST, MOLLEEN	<input type="checkbox"/> Delete
STREET ADDRESS	1977 CLEMATIS ST	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	VD MAYFIELD, GARY	Spelling <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TD SCHEURENBRAND, JAMES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4895 Peregrine Point Circle E.	
CITY-ST-ZIP	Sarasota, FL 34231-2340	
TITLE NAME	SD BOYER, EDWIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2503 89th Street, N.W.	
CITY-ST-ZIP	Bradenton, FL 34209	
TITLE NAME	VTD BEEBE, RICHARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	420 Bayshore Drive	
CITY-ST-ZIP	Venice, FL 34285	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE:

REQUIRED

1-18-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)