

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-28-2002 91538 015 ****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
 US

2. Principal Place of Business

1888 Brother Geenen Way
 Suite, Apt. #, etc.

3. Mailing Address

1888 Brother Geenen Way
 Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

59-1522614

Applied For

Not Applicable

Zip
 34236

Country
 USA

Zip
 34236

Country
 USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CARTER, ROBERT J
 1888 BROTHER GEENEN WAY
 SARASOTA FL 34236

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: *James P. Scheurenbrand, Treas.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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: **VD** Delete
 NAME: **MAYFIELD, GARY**
 STREET ADDRESS: **5525 AMOROSO DR**
 CITY-ST-ZIP: **FORT MYERS FL 33919**

Change Addition

TITLE: **CD** Delete
 NAME: **SEIDER, WILLIAM**
 STREET ADDRESS: **4552 CAMINO REAL**
 CITY-ST-ZIP: **SARASOTA FL 34241**

Change Addition

TITLE: **TD** Delete
 NAME: **SCHUEURBRAND, JAMES**
 STREET ADDRESS: **4895 PEREGRINE POINT CIRCLE E**
 CITY-ST-ZIP: **SARASOTA FL 34231-2340**

Change Addition

TITLE: **SD** Delete
 NAME: **BOYER, EDWIN**
 STREET ADDRESS: **2503 89TH STREET, NW**
 CITY-ST-ZIP: **BRADENTON FL 34209**

TITLE: **VC/D** Change Addition
 NAME: **Boyer, Edwin**
 STREET ADDRESS: **2503 89th St, NW**
 CITY-ST-ZIP: **Bradenton, FL 34209**

TITLE: **VTD** Delete
 NAME: **BEEBE, RICHARD**
 STREET ADDRESS: **420 BAYSHORE DRIVE**
 CITY-ST-ZIP: **VENICE FL 34285**

TITLE: **CD** Change Addition
 NAME: **Beebe, Richard**
 STREET ADDRESS: **420 Bayshore DR**
 CITY-ST-ZIP: **Venice, FL 34285**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: **S/D** Change Addition
 NAME: **O'Donnell, Joan**
 STREET ADDRESS: **2525 Colony Terr**
 CITY-ST-ZIP: **Sarasota, FL 34239**

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: *James P. Scheurenbrand, Treas.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **James P. Scheurenbrand, Treas.**
 Date: **6/12/02** Daytime Phone #: **921-3288**

CPE037 (9/01)