

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90532 033 \*\*\*\*\*70.00

0027347

**DOCUMENT # 732665**

1. Entity Name

**FLORIDA SENIOR PROGRAMS, INC.**

Principal Place of Business

Mailing Address

**7400 LAUREL HILL OAKS CIRCLE  
 ORLANDO FL 32818  
 US**

**7400 LAUREL HILL OAKS CIRCLE  
 ORLANDO FL 32818  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1626348**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~SARCHET, CORBIN M III  
 14 E WASHINGTON 404  
 ORLANDO FL 32801~~

Name **Catherine Gillespie**

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

**1826 Overlook Drive**

City **Mt. Dora**

**FL**

Zip Code **32757**

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

*Catherine C Gillespie*

*2/6/01*

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	<del>D</del>	<input type="checkbox"/> Delete
NAME	<b>KIME, CHARLES</b>	
STREET ADDRESS	<b>7031 HIAWASSEE OAKS DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>ALDAY, STANLEY</b>	
STREET ADDRESS	<b>P.O. BOX 7446 N/A</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<del>PD</del>	<input type="checkbox"/> Delete
NAME	<b>SARCHET, CORBIN M, III</b>	
STREET ADDRESS	<b>1 S ORANGE AVE, #301</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NADROWSKI, CONNIE</b>	
STREET ADDRESS	<b>1250 S HWY 17-92</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<del>STD</del>	<input type="checkbox"/> Delete
NAME	<b>GILLESPIE, CATHERINE</b>	
STREET ADDRESS	<b>3782 GATLIN PLACE CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32812</b>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<b>MORRIS, ELAINE</b>	
STREET ADDRESS	<b>159 EDGEWATER CIR</b>	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	

TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lonnie Thompson</b>	
STREET ADDRESS	<b>128 E. Colonial Drive</b>	
CITY-ST-ZIP	<b>Orlando, FL 32814</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sarchet, Corbin M. III</b>	
STREET ADDRESS	<b>14 E. Washington St. #404</b>	
CITY-ST-ZIP	<b>Orlando, FL 32801</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Connie Hurlebaus</b>	
STREET ADDRESS	<b>7921 Plantation Drive</b>	
CITY-ST-ZIP	<b>Orlando, FL 32810</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Catherine Gillespie</b>	
STREET ADDRESS	<b>1826 Overlook Drive</b>	
CITY-ST-ZIP	<b>Mt. Dora, FL 32757</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jean Siegfried</b>	
STREET ADDRESS	<b>2600 E. Robinson St.</b>	
CITY-ST-ZIP	<b>Orlando, FL 32803</b>	

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: *Catherine C Gillespie* **SIGNATURE REQUIRED**

*2/6/01*

407-836-2661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)

626668



DO NOT WRITE IN THIS SPACE