

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0013384

03-13-2002 90134 017 ****70.00

DOCUMENT # 732665

1. Entity Name

FLORIDA SENIOR PROGRAMS, INC.

Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number

59-1626348

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GILLESPIE, CATHERINE
 1826 OVERLOOK DR
 MOUNT DORA FL 32757**

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

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: **STD** Delete
 NAME: **KIME, CHARLES**
 STREET ADDRESS: **7031 HIAWASSEE OAKS DRIVE**
 CITY-ST-ZIP: **ORLANDO FL**

TITLE: **VPD** Delete
 NAME: **ALDAY, STANLEY**
 STREET ADDRESS: **P.O. BOX 7446 N/A**
 CITY-ST-ZIP: **ORLANDO FL**

TITLE: **D** Delete
 NAME: **SARCHET, CORBIN M, III**
 STREET ADDRESS: **14 E WASHINGTON ST #404**
 CITY-ST-ZIP: **ORLANDO FL 32801**

TITLE: **D** Delete
 NAME: **NADROWSKI, CONNIE**
 STREET ADDRESS: **1250 S HWY 17-92**
 CITY-ST-ZIP: **LONGWOOD FL**

TITLE: **PD** Delete
 NAME: **GILLESPIE, CATHERINE**
 STREET ADDRESS: **1826 OVERLOOK DR**
 CITY-ST-ZIP: **MOUNT DORA FL 32757**

TITLE: **D** Delete
 NAME: **SIEGFRIED, JEAN**
 STREET ADDRESS: **2600 E ROBINSON ST**
 CITY-ST-ZIP: **ORLANDO FL 32803**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** Change Addition
 NAME: **Thompson, Lonnie**
 STREET ADDRESS: **128 E. Colonial Drive**
 CITY-ST-ZIP: **Orlando, FL 32818**

TITLE: **D** Change Addition
 NAME: **Ortiz, Belinda**
 STREET ADDRESS: **400 E. South St., 2nd Fl.**
 CITY-ST-ZIP: **Orlando, FL 32818**

TITLE: **D** Change Addition
 NAME: **Johnson, Oree**
 STREET ADDRESS: **7057 Couperin Blvd.**
 CITY-ST-ZIP: **Orlando, FL 32818**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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:

Catherine Gillespie

Catherine Gillespie

407-298-4180

CR2E037 (9/01)