2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State
02-10-2003 90395 046 ****70.00

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

☐ CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILLESPIE, CATHERINE 1826 OVERLOOK DR MOUNT DORA FL 32757	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KIME, CHARLES 7031 HIAWASSEE OAKS DRIVE ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Belinda Ortiz 400 E. South St. Orlando FL 32802	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ALDAY, STANLEY P.O. BOX 7446 N/A ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Oree Johnson 7057 Couperin Blvd. Orlando FL 32818	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, LONNIE 128 E. COLONIAL DR. ORLANDO FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rob Bridger 5655 S. Orange Ave. Orlando FL 32809	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NADROWSKI, CONNIE 1250 S HWY 17-92 LONGWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GILLESPIE, CATHERINE 1826 OVERLOOK DR MOUNT DORA FL 32757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Catherine Gillespie 2022 Sunset Road Mt. Dora FL 32757	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIEGFRIED, JEAN 2600 E ROBINSON ST ORLANDO FL 32803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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. CATHERINE GILLESPIE

SIGNATURE: Signature Required 2/5/03 407 836-2661