

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

0071311

**DOCUMENT # 737188**

1. Entity Name

**SENIOR CONNECTIONS OF SOUTHWEST FLORIDA, INC.**

04-14-2001 90005 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

475 COWBOY WAY  
 P.O. BOX 2400  
 LA BELLE FL 33975-2400  
 US

475 COWBOY WAY  
 P.O. BOX 2400  
 LA BELLE FL 33975-2400  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1741198**

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

7. Name and Address of New Registered Agent

**SIEMIANOWSKI, TOM**  
**982 HONEYBEE DR.**  
**NAPLES FL 33999**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITILE  Delete  
 NAME **T DOWNING, KEN**  
 STREET ADDRESS **350 HICKPOOCHEE**  
 CITY-ST-ZIP **LABELLE FL**

TITILE  Change  Addition  
 NAME **PRESIDENT**

TITILE  Delete  
 NAME **S PLUMMER, WESALINE**  
 STREET ADDRESS **1001 N. 15TH ST.**  
 CITY-ST-ZIP **IMMOKALEE FL**

TITILE  Change  Addition  
 NAME **V. PRES.**

TITILE  Delete  
 NAME **D ABRIL, JIM**  
 STREET ADDRESS **ROUTE 1 BOX 1873 N/A**  
 CITY-ST-ZIP **LABELLE FL**

TITILE  Change  Addition  
 NAME **Sec. Joanne Loukonen**  
 STREET ADDRESS **POB 1990, HWY 29 So.**  
 CITY-ST-ZIP **Immokalee, FL 34143**

TITILE  Delete  
 NAME **VP SIEMIANOWSKI, TOM**  
 STREET ADDRESS **982 HONEYBEE DR.**  
 CITY-ST-ZIP **NAPLES FL**

TITILE  Change  Addition  
 NAME **Ann MARIE DUSCHEN**  
 STREET ADDRESS **G Marina Drive**  
 CITY-ST-ZIP **LaBelle FL 33935**

TITILE  Delete  
 NAME **D WILLIAMS, MARY**  
 STREET ADDRESS **604 S. 5TH STREET**  
 CITY-ST-ZIP **IMMOKALEE FL**

TITILE  Change  Addition

TITILE  Delete  
 NAME **P HOLLAND, WINIFRED M**  
 STREET ADDRESS **425 DAVIS ST.**  
 CITY-ST-ZIP **LABELLE FL 33935**

TITILE  Change  Addition  
 NAME **TREASURER**  
 STREET ADDRESS *Winifred M. Holland*  
 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:

**SIGNATURE** *Robert J. Howard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)