

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005431

1. Entity Name

COMMUNITY SENIOR LIFE, INC.

Principal Place of Business

Mailing Address

25819 CANAL ROAD
ORANGE BEACH FL 36561
US

25819 CANAL RD
ORANGE BEACH FL 36561-3826
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOFFMAN, CHARLES L ESQ
SHELL FLEMING DAVIS & MENGE, P.A.
9TH FLOOR, SEVILLE TOWER
PENSACOLA FL 32501

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	PD	<input type="checkbox"/> Delete
NAME	WILLINGHAM, PATRICK	
STREET ADDRESS	25819 CANAL RD	
CITY-ST-ZIP	ORANGE BEACH FL 36561	
TITLE	V	<input type="checkbox"/> Delete
NAME	WARREN, DOUG	
STREET ADDRESS	25819 CANAL RD	
CITY-ST-ZIP	ORANGE BEACH FL 36561	
TITLE	S	<input type="checkbox"/> Delete
NAME	WINBORNE, ROYCE T	
STREET ADDRESS	25819 CANAL RD	
CITY-ST-ZIP	ORANGE BEACH FL 36561	
TITLE	DC	<input type="checkbox"/> Delete
NAME	SHERER, MAURICE	
STREET ADDRESS	25819 CANAL RD	
CITY-ST-ZIP	ORANGE BEACH FL 36561	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCARBROUGH, DANIEL	
STREET ADDRESS	25819 CANAL RD	
CITY-ST-ZIP	ORANGE BEACH FL 36561	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLSON, MIKE	
STREET ADDRESS	25819 CANAL RD	
CITY-ST-ZIP	ORANGE BEACH FL 36561	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change
NAME	GLOBETTI, STEVEN	
STREET ADDRESS	25819 CANAL RD.	
CITY-ST-ZIP	ORANGE BEACH, AL 36561	
TITLE	ASST SECRETARY	<input type="checkbox"/> Change
NAME	GILMORE, GARY A.	
STREET ADDRESS	25819 CANAL RD.	
CITY-ST-ZIP	ORANGE BEACH, AL 36561	
TITLE	D	<input type="checkbox"/> Change
NAME	LAIRD, PHIL	
STREET ADDRESS	25819 CANAL RD.	
CITY-ST-ZIP	ORANGE BEACH, AL 36561	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, MILLARD	
STREET ADDRESS	25819 CANAL RD.	
CITY-ST-ZIP	ORANGE BEACH, AL 36561	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPER, JOHN	
STREET ADDRESS	25819 CANAL RD.	
CITY-ST-ZIP	ORANGE BEACH, AL 36561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY A. GILMORE 1/6/2000 (334) 981-0200

Date

Daytime Phone #

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90046 022 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

63-1001785

Applied For

Not Applied

5. Certificate of Status Desired



\$8.75 Additional
Fee Required