

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90228 028 \*\*\*\*70.00

**DOCUMENT # F96000005431**

1. Entity Name

**COMMUNITY SENIOR LIFE, INC.**

Principal Place of Business

25819 CANAL ROAD  
 ORANGE BEACH FL 36561  
 US

Mailing Address

25819 CANAL RD  
 ORANGE BEACH FL 36561  
 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

**63-1001785**

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

Name

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

City

**FL**

Zip Code

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

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

TITLE PD ☐ Delete  
 NAME WILLINGHAM, PATRICK  
 STREET ADDRESS 25819 CANAL RD  
 CITY-ST-ZIP ORANGE BEACH FL 36561

TITLE AS ☐ Change ☒ Addition  
 NAME ROBIN E JOHNSON  
 STREET ADDRESS 25819 CANAL RD  
 CITY-ST-ZIP ORANGE BEACH, AL 36561

TITLE V ☐ Delete  
 NAME WARREN, DOUG  
 STREET ADDRESS 25819 CANAL RD  
 CITY-ST-ZIP ORANGE BEACH FL 36561

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

TITLE S ☐ Delete  
 NAME WINBORNE, ROYCE T  
 STREET ADDRESS 25819 CANAL RD  
 CITY-ST-ZIP ORANGE BEACH FL 36561

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

TITLE DC ☐ Delete  
 NAME SHERER, MAURICE  
 STREET ADDRESS 25819 CANAL RD  
 CITY-ST-ZIP ORANGE BEACH FL 36561

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

TITLE VP ☐ Delete  
 NAME SCARBROUGH, DANIEL  
 STREET ADDRESS 25819 CANAL RD  
 CITY-ST-ZIP ORANGE BEACH FL 36561

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

TITLE D ☐ Delete  
 NAME CARLSON, MIKE  
 STREET ADDRESS 25819 CANAL RD  
 CITY-ST-ZIP ORANGE BEACH FL 36561

TITLE ☐ Change ☐ 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ROBIN E JOHNSON 1-17-01 334/981-0200**

CR2E037 (10/00)