

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005431

1. Entity Name

COMMUNITY SENIOR LIFE, INC.

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90178 028 ****61.25

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

Orange Beach AL

City & State

Orange Beach AL

4. FEI Number

63-1001785

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

TITLE
 NAME ☐ Change ☐ Addition
 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:

Robert E. Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 ROBERT E. JOHNSON
 ASST. Secretary

4-23-02

Date

251/981-0100

Daytime Phone #

CR2E037 (9/01)