

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002348

1. Entity Name
SENIOR LIFESTYLES, L.L.C.

APPROVED
AND
FILED

00 APR 29 AM 10: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7901 KIPLING STREET
PENSACOLA FL 32504

Mailing Address
7901 KIPLING STREET
PENSACOLA FL 32514-6265



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
32514

Country
USA

Zip

Country
USA

4. FEI Number

59-3572999

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, BELIE
7901 KIPLING STREET
PENSACOLA FL 32504

Name

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

City

FL

Zip Code
32514

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WILLIAMS, BELIE
124 FIRETHORN ROAD
GULF BREEZE FL 32561

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
505 JAMES RIVER RD.
GULF BREEZE, FL 32561

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
GARNER, COURTNEY T
124 FIRETHORN ROAD
GULF BREEZE FL 32561

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1750 E. TEXAS DR.
PENSACOLA, FL 32503

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
FOLKERS, THOMAS G
124 FIRETHORN ROAD
GULF BREEZE FL 32561

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2 FAIRPOINT PLACE
GULF BREEZE, FL 32561

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
FOLKERS, SHIRLEY M
124 FIRETHORN ROAD
GULF BREEZE FL 32561

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2 FAIRPOINT PLACE
GULF BREEZE, FL 32561

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200003250012--4
-05/12/00--01024--019
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Belie Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

BELIE WILLIAMS, MANAGING MEMBER

4-24-00

Date

(850) 478-9051

Daytime Phone #