

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003931 AF

**DOCUMENT # L99000002348**

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

FILED

01 MAR 26 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**7901 KIPLING STREET  
PENSACOLA FL 32514**

Mailing Address  
**7901 KIPLING STREET  
PENSACOLA FL 32514**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3572999**

Applied For  
Not Applicable

Zip Country

Zip Country

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

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 \_\_\_\_\_ (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 ☐ Delete  
NAME **MGRM WILLIAMS, BELIE**  
STREET ADDRESS **505 JAMES RIVER ROAD**  
CITY-ST-ZIP **GULF BREEZE FL 32561**

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

TITLE ☐ Delete  
NAME **MEM GARNER, COURTNEY T**  
STREET ADDRESS **1750 EAST TEXAR DRIVE**  
CITY-ST-ZIP **PENSACOLA FL 32503**

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

TITLE ☐ Delete  
NAME **MEM FOLKERS, THOMAS G**  
STREET ADDRESS **2 FAIRPOINT PLACE**  
CITY-ST-ZIP **GULF BREEZE FL 32561**

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

TITLE ☐ Delete  
NAME **MEM FOLKERS, SHIRLEY M**  
STREET ADDRESS **2 FAIRPOINT PLACE**  
CITY-ST-ZIP **GULF BREEZE FL 32561**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

☐ Change ☐ Addition  
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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/28/01** **850-934-1061**  
Date Daytime Phone #

CR2E083 (11/00)