

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

1007302 AF

DOCUMENT # **L99000005890**

1. Entity Name
SENIOR PLANNING & INVESTMENTS, LLC

00 APR 13 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9359 LAKE SERENA DR.
BOCA RATON FL 33496

Mailing Address
9359 LAKE SERENA DR.
BOCA RATON FL 33496-6509



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MMM

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0950713

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

CHARLIP, DAVID H ESQUIRE
600 S. ANDREWS AVENUE, 6TH FLOOR
FORT LAUDERDALE FL 33301

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	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIJER, INGRID C		NAME		
STREET ADDRESS	3520 BAY VIEW DR		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDON, JOHN S		NAME		
STREET ADDRESS	9359 LAKE SERENA DR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: JOHN S LONDON = 4-11-00 561-482-9449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #