

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN 28 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000111  
AR

**DOCUMENT # L99000008092**

1. Entity Name  
**SENIOR AMERICAN ASSURANCE, LC**

Principal Place of Business 2450 HOLLYWOOD BOULEVARD, SUITE 700 HOLLYWOOD FL 33020	Mailing Address 2450 HOLLYWOOD BOULEVARD, SUITE 700 HOLLYWOOD FL 33020-6628
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DO NOT WRITE IN THIS SPACE

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 <b>65-0986321</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SAMUELS, EUGENE P ESQUIRE**  
11242 S.W. 128 PLACE  
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**600003315756--5**  
**-07/07/00--01013--001**  
City  
**\*\*\*\*\*50.0FL \*\*\*\$50.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>PRESIDENT / DIRECTOR</b> <b>STANLEY KATLIN MGRM</b> 2450 HOLLYWOOD BLVD STE 700 HOLLYWOOD, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>SECY TREAS / DIRECTOR</b> <b>ANDREW KATLIN MGRM</b> 2450 HOLLYWOOD BLVD STE 700 HOLLYWOOD, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>V-PRES / DIRECTOR</b> <b>MICHAEL FARLEY MGR</b> 300 SOUTH HWY 769 MINNEAPOLIS, MN 55426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 OR MANAGER

**6-1-00 9549203241**  
Date Daytime Phone #

CR2E083 (9/99)