

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N17422

FILED
Apr 08, 2003
Secretary of State

Entity Name: SENIORS FOR A BETTER COMMUNITY, INC.

Current Principal Place of Business:

200 N. TRIPLET LAKE DRIVE
CASSELBERRY, FL 327073323 US

New Principal Place of Business:

Current Mailing Address:

200 N. TRIPLET LAKE DRIVE
CASSELBERRY, FL 327073323 US

New Mailing Address:

FEI Number: 59-2729454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, WILLIAM D
2017 KEWA NNEE TRL
CASSELBERRY, FL 327075614 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DINGEE, UNA
Address: 1170 ROUND TABLE DR
City-St-Zip: CASSELBERRY, FL 32707 US

Title: PTD () Delete
Name: CLARK, WILLIAM D
Address: 2017 KEWANNEE TRL
City-St-Zip: CASSELBERRY, FL 327075614 US

Title: VD () Delete
Name: TRATNYEK, FRANK
Address: 1581 AVALON BLVD
City-St-Zip: CASSELBERRY, FL 32707 US

Title: D () Delete
Name: OLIVA, PETER
Address: 124 CARRIAGE HILL DR
City-St-Zip: CASSELBERRY, FL 32797 US

Title: D () Delete
Name: THOMAS, JOSEPH W
Address: 213 DOSTER DR
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BARBER-SIMPSON, VALERIE
Address: 919 LAURA ST
City-St-Zip: CASSELBERRY, FL 32707 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D CLARK

PTD

04/08/2003

Electronic Signature of Signing Officer or Director

Date