

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90031 034 \*\*\*\*61.25

**DOCUMENT # N24889**

1. Entity Name

**WINTER SPRINGS SENIOR CENTER, INC.**

Principal Place of Business

Mailing Address

C/O JACK A BERGMAN  
 735 WILSON RD.  
 WINTER SPRINGS FL 32708

C/O JACK A BERGMAN  
 735 WILSON RD.  
 WINTER SPRINGS FL 32708

2. Principal Place of Business

3. Mailing Address

**c/o JOHN L. FERRING**  
 Suite, Apt. #, etc.  
**694 BENITAWOOD CIR**

Suite, Apt. #, etc.

City & State  
**WINTER SPRINGS, FL. 32708**

City & State

Zip Country

Zip Country

4. FEI Number **59-2952689**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERGMAN, JACK**  
**735 WILSON ROAD**  
**WINTER SPRINGS FL 32708**

Name  
**JOHN L. FERRING**  
 Street Address (P.O. Box Number is Not Acceptable)  
**694 BENITAWOOD CIR**

City  
**WINTER SPRINGS FL 32708**

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

**JOHN L. FERRING**

**4/25/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	<b>BERGMAN, JACK</b>	
STREET ADDRESS	<b>735 WILSON ROAD</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>LOVETT, PEGGY</b>	
STREET ADDRESS	<b>239 AXTEC DR</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>SEQUINO, CATHERINE</b>	
STREET ADDRESS	<b>727 ANDOVER CIRCLE</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>EVELYN CARCARA</b>	
STREET ADDRESS	<b>1634 WEATHERWOOD DR</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN L. FERRING</b>	
STREET ADDRESS	<b>694 BENITAWOOD CIR</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS, FL. 32708</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISLA M. KREINER</b>	
STREET ADDRESS	<b>806 BIG BUCK CIR</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS, FL. 32708</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRANK COMIER</b>	
STREET ADDRESS	<b>205 ALAMADEN</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS, FL. 32708</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JEAN KIRT</b>	
STREET ADDRESS	<b>1102 WING FOOT CIR</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS, FL. 32708</b>	

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**JOHN L. FERRING**

**4/25/01**

Date

**407-359-8408**

Daytime Phone #

CR2E037 (10/00)

Attachment

BEATRICE ROSA  
280 MOREE LOOP  
WINTER SPRINGS, FL. 32708

DIANE LEVY  
164 COSTA CIR  
WINTER SPRINGS, FL. 32708

MAYE POHLMAN  
1510 CARDINAL STREET  
WINTER SPRINGS, FL 32708

#NO4889

544304