

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34875

1. Entity Name

SEMINOLE COUNTY BETTER LIVING FOR SENIORS, INC.

FILED

00 MAR -3 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1097 SAND POND ROAD
LAKE AMRY FL 32746
US

1097 SAND POND ROAD
LAKE MARY FL 32746-3354
US

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 59-2977907

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWEN, ROGER D
% GREENE, DYCUS & CO., P.A.
205 N ELM AVE
SANFORD FL 32771

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

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

NAME

STREET ADDRESS

CITY-ST-ZIP

1VP
OVERBY, BRIAN
160 INTN'L PKY STE 200
HEATHROW FL 32748

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
FINCHER, SHERRY
1097 SAND POND ROAD
LAKE MARY FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
BATEMAN, JERRY
POST OFFICE BOX 820159 N/A
OVIEDO FL 32765-0159

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DST
ROBBINS, REGGIE
400 E HIGHWAY 436 STE 208
CASSELBERRY FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2VP
MUSE, LARRY
P.O. BOX 2851 N/A
DAYTONA BEACH FL 32120

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President (PD)

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

900003164789-5
-03/10/00-01010-009
*****61.25 *****61.25

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Past President

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1st Vice-President (1VP)

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2nd Vice-President (2VP)

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Secretary/Treasurer (S/TD)

☐ Change ☒ Addition

James W. Keeter

P. O. Box 4979

Orlando, FL 32802-4979

TS

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 817, 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:

SIGNATURE REQUIRED

1/18/00

407-333-8877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)