

## 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90478 002 \*\*\*\*61.25

DOCUMENT # N35711

1. Entity Name

SENIOR LIVING CENTERS, INC.

Principal Place of Business

Mailing Address

4600-54TH AVENUE S  
 ST. PETERSBURG FL 33711  
 US

P.O. BOX 12560  
 ST. PETERSBURG FL 33733-2560  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-2961763

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

HULL, J. WEBSTER  
 4200-54TH AVE S  
 ST. PETERSBURG FL 33711

Name **BETH A. HOUGHTON**

Street Address (P.O. Box Number is Not Acceptable)

**4200 54TH AVE. S.**City **ST. PETERSBURG** FL Zip Code **33711**

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 **PD** ☒ Delete  
 NAME **ARMACOST, PETER H**  
 STREET ADDRESS **6320 BAHAMA SHORES DRIVE S**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **President** ☐ Change ☒ Addition  
 NAME **Paul Martin**  
 STREET ADDRESS **908 Laurel Road**  
 CITY-ST-ZIP **Knoxville, TN 37923**

TITLE **VCD** ☒ Delete  
 NAME **CRANE, DONALD**  
 STREET ADDRESS **260 1ST AVE S #102**  
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition  
 NAME **Nialcolm King**  
 STREET ADDRESS **662 - 7th Ave. North**  
 CITY-ST-ZIP **TierreVerde, FL 33715**

TITLE **CD** ☒ Delete  
 NAME **PAYTON, ADAMS F**  
 STREET ADDRESS **2834 PELHAM ROAD N**  
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☒ Delete  
 NAME **HULL, J. WEBSTER**  
 STREET ADDRESS **4200 54TH AVE S**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DST** ☒ Delete  
 NAME **RANSON, ARTHUR III**  
 STREET ADDRESS **401 W COLONIAL DR, STE #2**  
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **HOUGHTON, BETH A.**  
 STREET ADDRESS **801-8TH ST S**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **CHAIR** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **BETH A. HOUGHTON** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)