

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90005 038 ****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 & State

City & State

4. FEI Number

59-2961763

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HOUGHTON, BETH A.
 4200-54TH AVE S
 ST. PETERSBURG FL 33711**

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **MARTIN, PAUL**
 CITY-ST-ZIP **908 LAUREL ROAD**
KNOXVILLE TN 37923

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **SEE ATTACHED**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **KING, MANCOLM**
 CITY-ST-ZIP **662-7TH AVENUE**
TIERREVERDE FL 33715

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

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **HOUGHTON, BETH A.**
 CITY-ST-ZIP **801-6TH ST S**
ST. PETERSBURG FL 33701

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ 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: *Rachael B. Cluley* **Asst. Secretary** 4/9/02 727/864-8311
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

AH.
Doc. # 836962
N35711

SENIOR LIVING CENTERS, INC.
2001-02

Board of Directors

Ms. Beth A. Houghton
1219 Darlington Oak Circle, NE
St. Petersburg, FL 33703
Phone: 727/822-7212 (W)
FAX: 727/822-7183
E-mail: bahoughton@aol.com

Arthur J. Ranson, III, Esq.
401 W. Colonial Dr., Suite 2
Orlando, FL 32804
Phone: 407/839-3443
FAX: 407/839-8821
E-mail: Ranlaw1@aol.com

~~Mr. Malcolm King~~
662 7th Avenue North
Tierra Verde, FL 33715
Phone: 727/867-7070
E-mail: MCK7534@aol.com

~~The Reverend Holly Wildhack~~
Maximo Presbyterian Church
3200 - 58th Avenue South
St. Petersburg, FL 33711
Phone: 727/867-2311
FAX: 727/866-7186
E-mail: Revhsw@aol.com

Mr. Paul Martin
P.O. Box 31963
Knoxville, TN 37930
Phone: 727/460-0001
865/692-0095
FAX: 865/690-4480
E-mail: azimuthti@aol.com

Marsha Griffin Rydberg
The Rydberg Law Firm
400 N. Tamapa St., Suite 1050
Tampa, FL 33602-4708
Phone: 813/221-2800
FAX: 813/221-2420
E-mail: mrydberg@rydberglaw.com

Officers

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Beth A. Houghton
Paul Martin
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