

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91199 003 \*\*\*\*61.25

**DOCUMENT # N35711**

1. Entity Name  
**SENIOR LIVING CENTERS, INC.**



Principal Place of Business  
**4600-54TH AVENUE S  
ST. PETERSBURG FL 33711  
US**

Mailing Address  
**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

Zip

Country

Zip

Country

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

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

Name **Arthur J. Ranson, III, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**Landmark Center One, Suite 600  
3315 E. Robinson St.  
City Orlando FL Zip Code 32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Arthur J. Ranson, III, Esq.**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARTIN, PAUL 908 LAUREL ROAD KNOXVILLE TN 37923</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD KING, MANCOLM 662-7TH AVENUE TIERREVERDE FL 33715</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD HOUGHTON, BETH A. 801-6TH ST S ST. PETERSBURG FL 33701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>SEE ATTACHED</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED**

**Arthur J. Ranson, III, Esq. (407)425-7010**

CR2E037 (10/02)

Attachment

N35711

20032048

SENIOR LIVING CENTERS, INC.  
2002-03

Board of Directors

Payton F. Adams (3/03)  
2834 Pelham Road North  
St. Petersburg, FL 33710  
Phone: 727/347-4560  
Fax: 727/347-4560 (call first)  
E-mail: [pagen3130@aol.com](mailto:pagen3130@aol.com)

Marsha Griffin Rydberg  
The Rydberg Law Firm  
400 N. Tampa St., Suite 1050  
Tampa, FL 33602-4708  
Phone: 813/221-2800  
Fax: 813/221-2420  
E-mail: [mrydberg@rydberglaw.com](mailto:mrydberg@rydberglaw.com)

Malcolm King  
662 7<sup>th</sup> Avenue North  
Tierra Verde, FL 33715  
Phone: 727/867-7070  
E-mail: [MCK7534@aol.com](mailto:MCK7534@aol.com)

Grover C. Wrenn (11/02)  
5240 62<sup>nd</sup> Avenue South  
St. Petersburg, FL 33715  
Phone: 727/906-0220  
Fax: 727/906-0660  
E-mail: [gwrenn@tampabay.rr.com](mailto:gwrenn@tampabay.rr.com)

Arthur J. Ranson, III, Esq.  
Zimmerman Shuffield Kiser & Sutcliffe, PA  
Landmark Center One, Suite 600  
315 E. Robinson St.  
Orlando, FL 32801  
Phone: 407/425-7010  
Fax: 407/418-1251  
E-Mail: [aranson@zsk.com](mailto:aranson@zsk.com)

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Randy Ranson (ARTHUR J., III)

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