

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000904

1. Entity Name

SENIOR EDUCATION ASSOCIATES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90177 038 ****61.25

Principal Place of Business

Mailing Address

934 ARABIAN AVENUE
 WINTER SPRINGS FL 32708

934 ARABIAN AVENUE
 WINTER SPRINGS FL 32708-4523

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3164794

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

BANDY, JOANNE
 934 ARABIAN AVENUE
 WINTER SPRINGS FL 32708

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 D
 STREET ADDRESS BANDY, JOANNE
 CITY-ST-ZIP 934 ARABIAN AVENUE
 WINTER SPRINGS FL 32708

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BOZEMAN, M D
 CITY-ST-ZIP 8770 PINE BARRENS DR
 ORLANDO FL 32817

TITLE ☒ Change ☐ Addition
 NAME same
 STREET ADDRESS same
 CITY-ST-ZIP 4025 Cooper
 New Smyrna Beach, FL

TITLE ☐ Delete
 NAME D
 STREET ADDRESS KELLIHER, RHONDA S
 CITY-ST-ZIP 1008 VANNESSA DRIVE
 OVIEDO FL 32765

TITLE ☒ Change ☐ Addition
 NAME same
 STREET ADDRESS same
 CITY-ST-ZIP 4025 Cooper
 New Smyrna Beach, FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Joanne Bandy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)