

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90077 030 ****61.25

DOCUMENT # N93000000904

1. Entity Name

SENIOR EDUCATION ASSOCIATES, INC.

Principal Place of Business

**934 ARABIAN AVENUE
WINTER SPRINGS FL 32708**

Mailing Address

**934 ARABIAN AVENUE
WINTER SPRINGS FL 32708**

000008670



DO NOT WRITE IN THIS SPACE

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **402 S. Cooper St.**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **778 Temple Terrace**
CITY-ST-ZIP **Oviedo Fl 32765**

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

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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 (JoAnne Bandy) 1-16-01 (407) 365,2535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)