

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90097 022 ****61.25

0053263

DOCUMENT # N95000002440			
1. Entity Name SENIOR INFORMATION SEMINARS, INC.			
Principal Place of Business 320 N.W. 37TH WAY DEERFIELD BEACH FL 33442-7315		Mailing Address 320 N.W. 37TH WAY DEERFIELD BEACH FL 33442-7315	
2. Principal Place of Business 5855 NW Corso Ave		3. Mailing Address 5855 NW Corso Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port St. Lucie		City & State Port St. Lucie	
Zip 34986	Country	Zip 34986	Country
4. FEI Number 65-0545523 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MILLER, NORMAN J 320 N.W. 37TH WAY DEERFIELD BEACH FL 33442		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 5855 NW CORSO AVE PORT ST. LUCIE, City FL Zip Code 34986	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.		DATE 1/9/01 DATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ELISA 512 SW CHERRY HILL ROAD PORT SAINT LUCIE FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, NORMAN J 320 N.W. 37TH WAY DEERFIELD BEACH FL 33442 5855 NW CORSO AVE PORT ST. LUCIE FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ARLENE R 320 N.W. 37TH WAY DEERFIELD BEACH FL 33442 5855 NW CORSO AVE PORT ST. LUCIE FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **NORMAN J. MILLER** DATE **1/9/01** (561) 344-3405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)