

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

0026001

**DOCUMENT # N96000004503**

1. Entity Name

**SENIORNET LEARNING CENTER OF CENTRAL FLORIDA, IN**

04-11-2001 90038 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

99 E. MARKS ST  
 ORLANDO FL 32803  
 US

99 E. MARKS ST  
 ORLANDO FL 32801

**LUU4486J**



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

**59-3401020**

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

**AARONSON, RENEE**  
**940 PONYTAIL PALM CIR**  
**OVIDO FL 32765**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
SD	CHAPMAN, ROSE MARIE	5388 E. GRANT ST.	ORLANDO FL 32803	<input type="checkbox"/>	<input type="checkbox"/>
PD	SPRINGALL, TOM	8648 GREAT COVE DR	ORLANDO FL 32819	<input type="checkbox"/>	<input type="checkbox"/>
SD	GOSHEFF, CONRAD	506 SMOKERISE BLVD	LONGWOOD FL 32779	<input type="checkbox"/>	<input type="checkbox"/>
VD	BEALE, JOHN	P.O. BOX 950922 N/A	LAKE MARY FL 32795	<input type="checkbox"/>	<input type="checkbox"/>
TD	AARONSON, RENEE	940 PONYTAIL PALM CIR	OVIDO FL 32765	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RENEE AARONSON**

4/13/01

407-977-1050

CR2E037 (10/00)