

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005038

1. Entity Name

SENIORNET, INC.

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90005 004 ****70.00

Principal Place of Business

2285 FIRST STREET
FT. MYERS FL 33901

Mailing Address

2285 FIRST STREET
FT. MYERS FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1854441

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

WHITE, TERRY
2285 FIRST STREET
FT. MYERS FL 33901

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
After September 13, 2000 min. will be \$236.25

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 EMMETT, CATHY
STREET ADDRESS 7674 37TH STREET, CIRCLE EAST
CITY-ST-ZIP SARASOTA FL 34243

TITLE Director ☐ Change ☒ Addition
NAME Ginger Koch
STREET ADDRESS 241 SE 20th Court
CITY-ST-ZIP Cape Coral, FL 33990

TITLE D ☐ Delete
NAME WHITE, TERRY
STREET ADDRESS 2285 FIRST STREET
CITY-ST-ZIP FORT MYERS FL 33901

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

TITLE D ☒ Delete
NAME FERRELL, MARY ALICE
STREET ADDRESS 1038 S. OSPREY AVE.
CITY-ST-ZIP SARASOTA FL

TITLE Director ☐ Change ☒ Addition
NAME Dixie Loudon Back
STREET ADDRESS 8795 Banyon Cove Circle
CITY-ST-ZIP Fort Myers, FL 33919

TITLE D ☒ Delete
NAME FALLERT, HELEN
STREET ADDRESS 5099 FAIRFIELD DRIVE
CITY-ST-ZIP FT. MYERS FL

TITLE Director ☐ Change ☒ Addition
NAME Christopher Likens
STREET ADDRESS 4046 Woodview Drive
CITY-ST-ZIP Sarasota, FL 34232

TITLE D ☐ Delete
NAME SCHNAUFER, LAURIE
STREET ADDRESS 1300 SHOREVIEW DRIVE
CITY-ST-ZIP ENGLEWOOD FL 34223

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #