

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90222 034 ****70.00

DOCUMENT # N96000005038

1. Entity Name

SENIORNET, INC.

Principal Place of Business

**2285 FIRST STREET
 FT. MYERS FL 33901**

Mailing Address

**2285 FIRST STREET
 FT. MYERS FL 33901**

00010410

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN -17-01

**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
**D
 KOCH, GINGER
 241 SE 20TH CT
 CAPE CORAL FL 33990** ☐ Delete

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BACK, DIXIE L
 8795 BANYOR COVE CIR
 FORT MYERS FL 33919** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 Loudenback, Dixie
 8795 Banyor Cove Cir
 Fort Myers, FL 33919** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 LIKENS, CHRISTOPHER
 4046 WOODVIEW DRIVE
 SARASOTA FL 34232** ☐ Delete

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 Schnauffer, Laurie
 2821 Placida
 Englewood, FL 34224** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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] **REGISTERED F. WHITE**

JAN-17-01

941-332-4233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)