

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-12-2001 90247 015 ****61.25

DOCUMENT # N97000003345

1. Entity Name

SENIOR ADVISORY SEMINARS INC.

Principal Place of Business

20 SYLVIA PLACE
 OLDSMAR FL 34677-2316

Mailing Address

20 SYLVIA PLACE
 OLDSMAR FL 34677-2316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. etc.

Suite, Apt. etc.

City, State
 Oldsmar FL

City, State
 Oldsmar FL

4. FEI Number
 04-5247781

Applied For
 Not Applicable

Zip
 34677-2316 Country
 USA

Zip
 34677-2316 Country
 USA

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

BARRETT, LEO J
 20 SYLVIA PLACE
 OLDSMAR FL 34677-2316

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
 DP
 BARRETT, LEO J
 20 SYLVIA PLACE
 OLDSMAR FL 34677-2316 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DS
 ZANE, MIRIAM S
 20 SYLVIA PLACE
 OLDSMAR FL 34677-2316 ☐ Delete

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

TITLE
 NAME
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 CITY-ST-ZIP
 D
 SALEWSKI, DEBORAH M
 20 SYLVIA PLACE
 OLDSMAR FL 34677-2316 ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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 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

2-7-01 727-771-8870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)