

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90446 046 ****70.00

DOCUMENT # N98000005964

1. Entity Name

SEMINOLE MANOR RESIDENTS GROUP, INC.

Principal Place of Business

**6160 LAWRENCE RD.
 LANTANA FL 33462**

Mailing Address

**6160 LAWRENCE RD.
 LANTANA FL 33462**

00049105



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

65-0878312

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

**PUCKETT, DEBBIE
 6160 LAWRENCE RD.
 LANTANA FL 33462**

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 **DP** ☐ Delete
 NAME **PUCKETT, DEBBIE**
 STREET ADDRESS **6160 LAWRENCE RD.**
 CITY-ST-ZIP **LANTANA FL 33462**

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

TITLE **DVP** ☐ Delete
 NAME **HAPER, SUE**
 STREET ADDRESS **3925 TUSKEGEE RD.**
 CITY-ST-ZIP **LANTANA FL 33462**

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

TITLE **DS** ☐ Delete
 NAME **LA BELLE, PAT**
 STREET ADDRESS **3814 NOWATA RD.**
 CITY-ST-ZIP **LANTANA FL 33462**

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

TITLE **DD** ☐ Delete
 NAME **CHILDERS, TRISH**
 STREET ADDRESS **420 CHEYENNE DR**
 CITY-ST-ZIP **LANTANA FL 33462**

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

TITLE **DD** ☐ Delete
 NAME **SCHUMACHER, DIANE**
 STREET ADDRESS **5 TOPEKA RD**
 CITY-ST-ZIP **LANTANA FL 33462**

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

TITLE **DD** ☐ Delete
 NAME **VANMARTIN, DICK**
 STREET ADDRESS **3949 TUSKEGEE DR**
 CITY-ST-ZIP **LANTANA FL 33462**

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 of Patricia LaBelle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

561-965-2839

Daytime Phone #

CR2E037 (10/00)