

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006829

1. Entity Name

SENIOR EDUCATION CENTERS, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90011 034 ****61.25

Principal Place of Business 201 6TH AVE INDIALANTIC FL 32903	Mailing Address 711 PEBBLE BEACH AVE NE PALM BAY FL 32905-5012
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3562992	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

PETERSEN, ROBIN M
304 E STRAWBRIDGE AVE
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	ID <input type="checkbox"/> Delete
NAME	NICOL, BUD
STREET ADDRESS	201 6TH AVE
CITY-ST-ZIP	INDIALANTIC FL 32903
TITLE	D <input type="checkbox"/> Delete
NAME	NICOL, PATRICIA
STREET ADDRESS	711 PEBBLE BEACH AVE
CITY-ST-ZIP	PALM BAY FL 32905
TITLE	D <input type="checkbox"/> Delete
NAME	DONALDSON, JACKI
STREET ADDRESS	PO BOX 147673
CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	D <input type="checkbox"/> Delete
NAME	NICOL, TRACY
STREET ADDRESS	3720 NW 53RD RD
CITY-ST-ZIP	GAINESVILLE FL 32653
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-00 **321-953**
3492
Date Daytime Phone #

CR2E037 (9/99)