

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000002099**

1. Entity Name

SENIORNET SARASOTA LEARNING CENTER, INC.**FILED**
May 15, 2000 8:00 am
Secretary of State

02-07-2000 90079 012 ****70.00

Principal Place of Business

Mailing Address

RIVER CLUB SOUTH
7633 PINE VALLEY ST.
BRADENTON FL 34202RIVER CLUB SOUTH
7633 PINE VALLEY ST.
BRADENTON FL 34202-4027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0909886

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LEVIN, MYRON J
RIVER CLUB SOUTH
7633 PINE VALLEY ST.
BRADENTON FL 34202

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:
FEF IS \$61.259. 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 ☐ DeleteNAME
JCE FRANKOVSKY
STREET ADDRESS
6501 BERKSHIRE PLACE
CITY-ST-ZIP
SARASOTA FL 34201TITLE ☐ DeleteNAME
JOHN BOARDMAN
STREET ADDRESS
9589 FORESTHILLS CIR.
CITY-ST-ZIP
SARASOTA FL 34238TITLE ☐ DeleteNAME
BOB STEARNS
STREET ADDRESS
4458 ATWOOD CIR.
CITY-ST-ZIP
SARASOTA FL 34233TITLE ☐ DeleteNAME
MYRON J LEVIN
STREET ADDRESS
7633 PINE VALLEY ST
CITY-ST-ZIP
BRADENTON FL 34202TITLE ☐ DeleteNAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Change ☐ DeleteNAME
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN BOARDMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2000 941-918-953

Date

Daytime Phone #