2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am³ Secretary of State DOCUMENT # N9900002099 1. Entity Name SENIORNET SARASOTA LEARNING CENTER, INC. 05-03-2001 90986 043 ****61.25 Mailing Address Principal Place of Business RIVER CLUB SOUTH RIVER CLUB SOUTH 7633 PINE VALLEY ST. 7633 PINE VALLEY ST. BRADENTON FL 34202 **BRADENTON FL 34202** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0909886 Not Applicable Country \$8.75 Additional Zip Country П Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEVIN, MYRON J **RIVER CLUB SOUTH** 7633 PINE VALLEY ST. Zip Code **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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE VPD Delete TITLE FRANKOVSKY, JOE FLOERSHEIMER, JOE 5814 FAIRWOODS CIRCLE NAME NAME 6501 BERKSHIRE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34201 SAR ASUTA Change ☐ Addition TD TITLE Delete TITLE. BOARDMAN, JOHN NAME NAME 9589 FOREST HILLS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34238 CITY-ST-ZIP SD ☐ Change ☐ Addition ☐ Delete TITLE TITLE STEARNS, BOB NAME NAME 4458 ATWOOD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE LEVIN, MYRON J NAME 7633 PINE VALLEY STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

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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