

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004387

1. Entity Name

SENIOR ADULT ASSISTANCE, INC.

Principal Place of Business

Mailing Address

500 BROAD STREET  
MILTON FL 32570

500 BROAD STREET  
MILTON FL 32570-4923

2. Principal Place of Business

406 Broad Street

3. Mailing Address

406 Broad Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Milton, FL 32570

City & State

Milton, Florida 32570

Zip

32570

Country

USA

Zip

32570

Country

USA

4. FEI Number

59-3594535

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

GIBSON, PASCO SR.  
5701 NICKLAUS LANE  
MILTON FL 32570

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  
GIBSON, PASCO SR.  
5701 NICKLAUS LANE  
MILTON FL 32570 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
GIBSON, PASCO JR.  
7008 DORR STREET  
MILTON FL 32570 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
PILEGGI, ANTHONY J  
5351 HAMILTON LANE  
PACE FL 32571 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
GIBSON, MICHAEL  
3352 MILLS BAYOU DRIVE  
MILTON FL 32583 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony J. Pileggi

01/27/2000

Date

(350) 626-0005

Daytime Phone #

FILED  
Feb 04, 2000 8:00 am  
Secretary of State

02-04-2000 90081 039 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)