

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
 05-18-2001 91580 026 ***158.75

DOCUMENT # P0000004362.8
 1. Entity Name
Senior Living Options of FL, INC

Principal Place of Business Mailing Address

2. Principal Place of Business **8055 W. McNab Rd** 3. Mailing Address **7154 University Dr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
PMB # 195

City & State **TAMARAC Florida** City & State **TAMARAC Florida** 4. Filing Number **25-1014093**
 Zip **33321** Country **U.S.A.** Zip **33321** Country

6. Name and Address of Current Registered Agent
Dan Galeoto
8055 W. McNab Road
TAMARAC, FL. 33321

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number 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 (hand or printed name of registered agent and their approval) (NOTE: Registered Agent Signature is required for all filings)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so **FILE NOW!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$350.00
Note: Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President DARA L. Livingston 14011 Lanakely Place Davis, FL. 33325	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Vice President Dan Galeoto 1680 NW 104th Ave Coral Springs, FL. 33071	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Treasurer/Secretary Marion Kozakiewicz 2617 NW 98th Way Coral Springs, FL. 33065	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Add

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 in person and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dara Livingston** 4/9/01 (954)-720-3010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)