

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

0023596  
 AV

**DOCUMENT # P00000049863**

1. Entity Name  
**SENIOR BENEFIT NETWORK, INC.**

02-20-2002 90161 001 \*\*\*150.00

Principal Place of Business  
**4417 BEACH BLVD SUITE 104**  
**JACKSONVILLE FL 32207**

Mailing Address  
**4417 BEACH BLVD SUITE 104**  
**JACKSONVILLE FL 32207**



2. Principal Place of Business  
*10151 Deerwood Pk Blvd*  
 Suite, Apt. #, etc.  
*Building 200 Ste 250*  
 City & State  
**Jacksonville FL**

3. Mailing Address  
*1200 Cypress Street*  
 Suite, Apt. #, etc.  
 City & State  
**Cincinnati Ohio**

DO NOT WRITE IN THIS SPACE

Zip Country  
*32256 USA*

Zip Country  
*45206 Hamilton*

4. FEI Number **59-3652356**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROTHSTEIN, SIMON D**  
**4417 BEACH BLVD SUITE 104**  
**JACKSONVILLE FL 32207**

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)

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT LOCY, DAVID K 1200 CYPRESS ST CINCINNATI OH 45206</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS WEISS, JAMES W 10151 DEERWOOD PARK BLVD BLDG 200 STE 250 JACKSONVILLE FL 32256</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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: *[Signature]* **SIGNATURE REQUIRED (President)** *1/31/02* **(513) 559-0500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment  
LAW OFFICES

ADAMS, ROTHSTEIN & SIEGEL

# P00000049863

SIMON D. ROTHSTEIN  
SETH L. ROTHSTEIN

JOHN R. ADAMS (1889-1969)  
A. H. ROTHSTEIN (1906-1985)  
EDWARD SIEGEL (RETIRED)

SUITE 104, BROWARD BUILDING  
4417 BEACH BOULEVARD  
JACKSONVILLE, FLORIDA 32207  
PHONE (904) 398-1419  
FAX (904) 398-1395

February 5, 2002

320488

**VIA CERTIFIED U.S. MAIL**  
**RETURN RECEIPT REQUESTED**

(Receipt No. 7000 0600 0026 9189 4008)

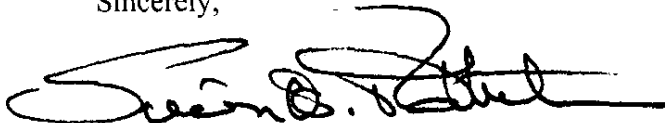
Uniform Business Report  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Senior Benefit Network, Inc.  
Document #P49863

Dear Ladies and Gentlemen:

Enclosed is the 2002 Uniform Business Report for the captioned corporation, together with check for \$150.00, payable to the Department of State, to cover the filing fee.

Sincerely,



Simon D. Rothstein, Esquire

SDR:mjb

Enclosures

cc: Mr. David K. Locy