

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000049863**

1. Entity Name

SENIOR BENEFIT NETWORK, INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90161 001 ***150.00

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10151 Deerwood Pk Blvd **1200 Cypress Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Building 200 Ste 250

City & State

Jacksonville FL**Cincinnati Ohio**

Zip

Country

Zip

Country

32256**USA****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

7. Name and Address of New Registered Agent

ROTHSTEIN, SIMON D
4417 BEACH BLVD SUITE 104
JACKSONVILLE FL 32207

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☐ Delete
NAME **LOCY, DAVID K.**
STREET ADDRESS **1200 CYPRESS ST**
CITY-ST-ZIP **CINCINNATI OH 45206**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DVS** ☒ Delete
NAME **WEISS, JAMES W**
STREET ADDRESS **10151 DEERWOOD PARK BLVD BLDG 200 STE 250**
CITY-ST-ZIP **JACKSONVILLE FL 32256**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED (President)**1/31/02**
Date**(513) 559-0500**
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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)

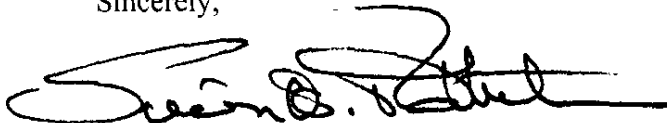
Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

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