

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064422

1. Entity Name

Senior Acceptance Corporation

Principal Place of Business

2611 Martha Lane
Land O' Lakes, FL
34639

Mailing Address

2611 Martha Lane
Land O' Lakes, FL
34639

2. Principal Place of Business

5500 SW HWY 72

3. Mailing Address

5500 SW HWY 72

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Arcadia, FL

City & State

Arcadia, FL

4. FEI Number

59-3659188

Applied For

Not Applicable

Zip
34266

Country

DeSoto

Zip

34266

Country

DeSoto

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0058803

6. Name and Address of Current Registered Agent

Cristine R. Spurlin
2611 Martha Lane
Land O' Lakes, FL 34639

7. Name and Address of New Registered Agent

Name **Bernard C. Sherburn**
Street Address (P.O. Box Number is Not Acceptable)
5500 SW HWY 72
City **Arcadia** **FL** Zip Code **34266**

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  **Bernard C. Sherburn** **4-20-01**
Signature, typed or printed name of registered agent and valid 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, 2001 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 **D** ☒ Delete
NAME **Cristine R. Spurlin**
STREET ADDRESS **2611 Martha Lane**
CITY-ST-ZIP **Land O' Lakes, FL 34639**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Bernard C. Sherburn**
STREET ADDRESS **5500 SW HWY 72**
CITY-ST-ZIP **Arcadia, FL 34266**

TITLE ☐ Change ☒ Addition
NAME **C/P/V/S/T**
STREET ADDRESS **Bernard C. Sherburn**
CITY-ST-ZIP **5500 SW HWY 72**
Arcadia, FL 34266

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

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

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

TITLE ☐ 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  **Bernard C. Sherburn** **4-20-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)