

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22100

1. Entity Name

SENIOR SECURITY BENEFITS, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90104 027 ***150.00

Principal Place of Business

Mailing Address

824 INDEPENDENCE
P.O. BOX 1520
CAPE GIRARDEAU MO 63702-1520
US

P.O. BOX 1520
CAPE GIRARDEAU MO 63702-1520
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DARBY, RICHARD
209 W. LEE
MILTON FL 32570

4. FEI Number

43-1428661

Applied For

Not Applicable

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 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, 2000 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	PV	<input type="checkbox"/> Delete
NAME	DAVAULT, ROGER DALE	
STREET ADDRESS	HWY 34, P.O. BOX 504	
CITY-ST-ZIP	MARBLE HILL MO 63764	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVAULT, ROGER DALE	
STREET ADDRESS	HWY 34, P.O. BOX 504	
CITY-ST-ZIP	MARBLE HILL MO 63764	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOORE, WANDA FAYE	
STREET ADDRESS	2530 PEACH TREE ST	
CITY-ST-ZIP	CAPE GIRARDEAU MO	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOYLE, RAY EUGENE	
STREET ADDRESS	1811 WESTRIDGE	
CITY-ST-ZIP	CAPE GIRARDEAU MO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER D. DAVALT

Date

Daytime Phone #

1-07-00 573-335-5630

CR2E034 (9/99)