

RECEIVED JAN - 4 2001
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22100

1. Entity Name
SENIOR SECURITY BENEFITS, INC.

Principal Place of Business
824 INDEPENDENCE
P.O. BOX 1520
CAPE GIRARDEAU MO 63702-1520
US

Mailing Address
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

4. FEI Number 43-1428661

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

DARBY, RICHARD
209 W. LEE
MILTON FL 32570

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PV
DAVAULT, ROGER DALE
HWY 34, P.O. BOX 504
MARBLE HILL MO 63764 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
DAVAULT, ROGER DALE
HWY 34, P.O. BOX 504
MARBLE HILL MO 63764 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
MOORE, WANDA FAYE
2530 PEACH TREE ST
CAPE GIRARDEAU MO ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
MOORE, WANDA FAYE
2530 PEACHTREE ST
CAPE GIRARDEAU MO 63701 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

President

1-04-01

(573) 335-5630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0602974

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90134 036 ***150.00



DO NOT WRITE IN THIS SPACE