

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jun 30, 2000 8:00 am**  
**Secretary of State**

06-30-2000 90003 046 \*\*\*558.75

**DOCUMENT # P95000026519**

1. Entity Name

**SULLIVAN & ASSOCIATES SENIOR ASSISTANCE, INC.** ✓

Principal Place of Business

Mailing Address

BOX 1541  
FL 34697P.O. BOX 1541  
DUNEDIN FL 34697-1541

2. Principal Place of Business

1911 U.S. Highway 301 N.  
Suite, Apt. #, etc.  
450

3. Mailing Address

1911 U.S. Highway 301 N  
Suite, Apt. #, etc.  
450

DO NOT WRITE IN THIS SPACE

City & State  
**TAMPA, FL**City & State  
**TAMPA, FL**4. FEI Number **59-3311208**Applied For  
Not ApplicableZip  
**33619**Country  
**U.S.A.**Zip  
**33619**Country  
**U.S.A.**5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SULLIVAN, FRANCES**  
**2879 WALNUT DRIVE**  
**PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name **VICTOR W. HOLCOMB**

Street Address (P.O. Box Number is Not Acceptable)

**106 SOUTH TAMPA AVENUE, #200**City **Tampa**

FL

Zip Code  
**33609**

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

**6-23-00**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD SULLIVAN, FRANCES P.O. BOX 1541 N/A DUNEDIN FL 34697</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT MARSHALL GLASS 1911 U.S. Highway 301N, Ste 450 TAMPA, FL 33619</b> <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
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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JUNE 22, 2000**

Date

**813-246-5657**

Daytime Phone #