

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000047290(7)**

1. Entity Name
SENIOR LIVING NETWORK, INC.

Principal Place of Business
**1326 MALABAR RD, SUITE 8
PALM BAY, FL 32907**

Mailing Address
**4680 S. KIRKMAN RD
#408
ORLANDO, FL 32811**

FILED
Apr 14, 2000 8:00 am
Secretary of State
04-14-2000 90129 036 ***150.00

C0061815

2. Principal Place of Business
**1326 MALABAR RD,
SUITE 8
PALM BAY, FL 32907**

3. Mailing Address
**1326 MALABAR RD
SUITE 8
PALM BAY, FL 32907**

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0674083

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**POWERS CARON
315 TANGLE RUN BLVD
#1012
MELBOURNE, FL 32940**

7. Name and Address of New Registered Agent
**Rowe, CARON POWERS
1765 EVA LANE
MALABAR, FL 32950**

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 **Caron Powers Rowe** **4/4/00**
Signature, typed or printed name of registered agent and the 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PDS	<input type="checkbox"/> Delete	TITLE PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POWERS CARON		NAME ROWE, CARON POWERS	
STREET ADDRESS 315 TANGLE RUN BLVD #1012		STREET ADDRESS 1765 EVA LANE	
CITY-ST-ZIP MELBOURNE, FL 32940		CITY-ST-ZIP MALABAR, FL 32950	
TITLE VD	<input type="checkbox"/> Delete	TITLE GOLOBERG, SARA STUMP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOLOBERG, SARA STUMP		NAME GOLOBERG, SARA STUMP	
STREET ADDRESS 6408 RALEIGH ST. APT 2402		STREET ADDRESS 13110 MARSH FERN DRIVE	
CITY-ST-ZIP ORLANDO, FL 32835		CITY-ST-ZIP ORLANDO, FL 32828	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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, without other like empowered.

SIGNATURE: **Caron Powers Rowe, President** **4/4/00 (321) 981-2226**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)