

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031885

1. Entity Name

SENIOR PLANNING RESOURCES, INC.

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90238 044 ***150.00

Principal Place of Business

Mailing Address

28100 US HWY 19 N.
SUITE 509
CLEARWATER FL 33761

P O BOX 31
LECANTO FL 34460

00059157



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5251 Golden Gate Pkwy 5251 Golden Gate Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite G

Suite G

City & State

City & State

Naples, FL

Naples, FL

Zip

Country

Zip

Country

34116

USA

34116

USA

4. FEI Number

59-3438737

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

DESIMONE, RICHARD W
2928 LONGBROOKE WAY
CLEARWATER FL 33760

Name

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

1566-A Trafalgar Lane

City

Naples

FL

Zip Code

34116

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

Richard W. Desimone

7-16-01

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 ☐ Delete
NAME D
STREET ADDRESS DESIMONE, RICHARD W
CITY-ST-ZIP 2860 W ESCAMBIA LANE
LECANTO FL 34461

TITLE ☒ Change ☐ Addition
NAME 1566-A Trafalgar Lane
STREET ADDRESS Naples, FL 34116
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Richard W. Desimone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-01

Date

941-348-9720

Daytime Phone #

0550578

CR2E034 (10/00)