

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90112 013 ***158.75

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DOCUMENT # P97000077751

1. Entity Name

SENIOR MANAGEMENT SERVICES OF HERNANDO COUNTY, I
NC.

Principal Place of Business

2358 EVENGROW AVENUE
SPRING HILL FL 34609

Mailing Address

P.O. BOX 15578
BROOKSVILLE FL 34604
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14452 TAMARIND LOOP

3. Mailing Address

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

City & State

BROOKSVILLE, FL

4. FEI Number

59-3470649

Applied For

Not Applicable

Zip

34609

Country

HERNANDO

Zip

Country

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JARMAN, CAROLYN M

2358 EVENGROW AVENUE
SPRING HILL FL 34609Carolyn M. Jarman
14452 Tamarind Loop
Brooksville, FL 34609

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

CAROLYN M. JARMAN, PRES.
Carolyn M. Jarman

2/26/02

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, 2002 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 DP
NAME JARMAN, CAROLYN M
STREET ADDRESS 2358 EVENGROW AVE
CITY-ST-ZIP SPRING HILL FL 34609
☐ Delete
Carolyn M. Jarman
14452 Tamarind Loop
Brooksville, FL 34609

TITLE T
NAME JARMAN, KEVIN L
STREET ADDRESS 311 W GIDDENS ST
CITY-ST-ZIP TAMPA FL 33603
☐ Delete

TITLE CS
NAME JARMAN, KEITH T
STREET ADDRESS 7194 FIRESIDE ST
CITY-ST-ZIP SPRING HILL FL 34606
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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:

Carolyn M. Jarman CAROLYN M. JARMAN 2/26/02 352-799-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)