

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90385 038 \*\*\*158.75

**DOCUMENT # P97000077751**

1. Entity Name  
**SENIOR MANAGEMENT SERVICES OF HERNANDO COUNTY, NC.**



Principal Place of Business  
**14452 TAMARIND LOOP**  
**SPRING HILL FL 34609**  
**BROOKSVILLE, FL 34609**

Mailing Address  
**P.O. BOX 15578**  
**BROOKSVILLE FL 34604**  
**US**



2. Principal Place of Business  
**14452 TAMARIND LOOP**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**BROOKSVILLE FL**

City & State

4. FEI Number **59-3470649**

Applied For  
Not Applicable

Zip  
**34609**

Country  
**US**

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**JARMAN, CAROLYN M**  
**2350 EVENINGGROW AVENUE**  
**SPRING HILL FL 34609**  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carolyn M. Jarman*  
Signature, typed or printed name of registered agent and title if applicable.

**CAROLYN M. JARMAN**  
(NOTE: Registered Agent signature required when reinstating)

**3-30-03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **JARMAN, CAROLYN M**  
STREET ADDRESS **14452 TAMARIND LOOP**  
CITY-ST-ZIP **BROOKSVILLE FL 34609**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
NAME **CS**  
STREET ADDRESS **JARMAN, KEITH T.**  
CITY-ST-ZIP **15880 EASTWOOD TRAIL**  
**BROOKSVILLE, FL 34604**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carolyn M. Jarman* **CAROLYN M. JARMAN 3-30-03 352-799-6200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)