

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90020 041 \*\*\*158.75

**DOCUMENT # P97000101686**

1. Entity Name

**SENIOR BENEFIT CENTERS OF AMERICA, INC.**

Principal Place of Business

Mailing Address

6853 SW 18 STREET, # 10  
 SUITE 110  
 BOCA RATON FL 33433

6853 SW 18 STREET, # 10  
 SUITE 110  
 BOCA RATON FL 33433-7041

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**

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

**MASK, DEBORAH**  
**6853 SW 18 STREET, # 10**  
**SUITE 110**  
**BOCA RATON FL 33433**

A

Street Address (For Current Registered Agent)

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

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete <b>D SCHOTTENFELD, DAVID J</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>6853 SW 18 STREET, # 10</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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 AGING OFFICER OR DIRECTOR

*Carole Kemper* (CAROLE KEMPER) SEC./TREAS.

Date

Daytime Phone #

2-29-00 407-957-6411

CR2E034 (9/99)