2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000101686** 1. Entity Name

SENIOR BENEFIT CENTERS OF AMERICA, INC.

Principal Place of Business 6853 SW 18 STRÉET. # 10

SUITE 110 BOCA RATON FL 33433

City & State

Mailing Address

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

2. Principal Place of Business 7280W. PALMETTO ARKRA Suite, Apt. #, etc.

3. Mailing Address 7280 W. PALL'ETTO PARERD Suite, Apt. #, etc.

City & State

4. FEI Number

65-0845046

5. Certificate of Status Desired

\$8.75 Additional Fee Required

FILED

05-29-2001 90005 015 ***158.75

DO NOT WRITE IN THIS SPACE

May 29, 2001 8:00 am § Secretary of State

6. Name and Address of Current Registered Agent

MASK, DEBORÁH 6853 SW 18/STREET, # 10 SUITE 110 **BOCA RÁTON FL 33433**

7. Name and Address of New Registered Agent TEVEN

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

President

8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida.

SIGNAT

Tax filing requirement and elects to do so.

(See criteria on back)

9. This corporation is eligible to satisfy its Intangible

FILE NOW! | FEE IS \$150.00

After MAY 1, 20 1 Fee will be \$550.00 Make Check Payat e to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Not Applicable

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Addition ☐ Delete SCHOTTENFELD, DAVID J NAME NAME STREET ADDRESS STREET ADDRESS 6853 SW 18 STREET, # 10 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change ☐ Addition FIT1 F TITLE STEVEN B. TRATTNER PRES NAME NAME 7280 W. PALMETTO PARERY #305 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete - -TITLE ☐ Addition CAROLE KEMPER, SECT NAME NAME 2285 ELPORADO CT STREET ADDRESS STREET ADDRESS ST. CLOUTS. FL 34771 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP fifti F Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify to 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 ry 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 is 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 appears, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER