

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000051240**

1. Entity Name

SENIOR BENEFITS OF FLORIDA, INC.**FILED****Apr 18, 2001 8:00 am**
Secretary of State

04-18-2001 90036 044 ***150.00

0029161

Principal Place of Business

213 HARRISON AVE
STE 2
PANAMA CITY FL 32401
US

Mailing Address

213 HARRISON AVE
STE 2
PANAMA CITY FL 32401
US

2. Principal Place of Business

1022 W. 23rd St
Suite, Apt. #, etc.
Panama City, FL
City & State

3. Mailing Address

1022 W. 23rd St
Suite, Apt. #, etc.
Floor 5
Panama City, FL
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3516584**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HAMM, GERALD ESQ.
1007 JENKS AVENUE
PANAMA CITY FL 32401

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **O'BRYAN, SCOTT**
CITY-ST-ZIP **403 PARK PLAZA DR**
OWENSBORO KY 42301TITLE ☐ Delete
NAME **V**
STREET ADDRESS **ANDERSON, BRADLEY**
CITY-ST-ZIP **403 PARK PLAZA DR**
OWENSBORO KY 42301TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **MIDDLEMAS, LOTT W III**
CITY-ST-ZIP **101 HARRISON AVE**
PANAMA CITY FL 32401TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MIDDLEMAS, JOHN R JR**
CITY-ST-ZIP **101 HARRISON AVE**
PANAMA CITY FLTITLE ☐ Delete
NAME **D**
STREET ADDRESS **ANDERSON, ERIC**
CITY-ST-ZIP **2720 FREDERICA ST**
OWENSBORO KY 42301TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ANDERSON, TODD**
CITY-ST-ZIP **2720 FREDICA ST**
OWENSBORO KY 42301

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Kristian B. Chapman**
CITY-ST-ZIP **1022 W. 23rd St.**
Panama City, FL 32405TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

850-770-7749

4-11-01