

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90038 014 ***150.00

DOCUMENT # P98000051240

1. Entity Name

SENIOR BENEFITS OF FLORIDA, INC.

Principal Place of Business

1022 W 23RD STREET
 5TH FLOOR
 PANAMA CITY FL 32405
 US

Mailing Address

1022 W 23RD STREET
 5TH FLOOR
 PANAMA CITY FL 32405
 US

2. Principal Place of Business

2305 Hwy 77, ~~WAL~~ VFL
 Suite, Apt. #, etc.
 Second Floor

3. Mailing Address

2305 Hwy 77
 Suite, Apt. #, etc.
 2nd Floor

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32405

Country

Bay

Zip

32405

Country

USA

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, 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	P	<input type="checkbox"/> Delete
NAME	O'BRYAN, SCOTT	
STREET ADDRESS	403 PARK PLAZA DR	
CITY-ST-ZIP	OWENSBORO KY 42301	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANDERSON, BRADLEY	
STREET ADDRESS	403 PARK PLAZA DR	
CITY-ST-ZIP	OWENSBORO KY 42301	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MIDDLEMAS, LOTT W III	
STREET ADDRESS	101 HARRISON AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPMAN, KRISTIAN B	
STREET ADDRESS	1022 W. 23RD STREET	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, ERIC	
STREET ADDRESS	2720 FREDERICA ST	
CITY-ST-ZIP	OWENSBORO KY 42301	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, TODD	
STREET ADDRESS	2720 FREDICA ST	
CITY-ST-ZIP	OWENSBORO KY 42301	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 (9/01)