

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90300 012 \*\*\*150.00

0051445 AV

**DOCUMENT # P98000051240**

1. Entity Name

**SENIOR BENEFITS OF FLORIDA, INC.**



Principal Place of Business

2305 HWY 77  
2ND FLOOR  
PANAMA CITY FL 32405  
US

Mailing Address

2305 HWY 77  
2ND FLOOR  
PANAMA CITY FL 32405  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3516584**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME O'BRYAN, SCOTT  
STREET ADDRESS 403 PARK PLAZA DR  
CITY-ST-ZIP OWENSBORO KY 42301

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

TITLE V ☐ Delete  
NAME ANDERSON, BRADLEY  
STREET ADDRESS 403 PARK PLAZA DR  
CITY-ST-ZIP OWENSBORO KY 42301

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

TITLE ST ☐ Delete  
NAME MIDDLEMAS, LOTT W III  
STREET ADDRESS 101 HARRISON AVE  
CITY-ST-ZIP PANAMA CITY FL 32401

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

TITLE D ☒ Delete  
NAME CHAPMAN, KRISTIAN B  
STREET ADDRESS 1022 W. 23RD STREET  
CITY-ST-ZIP PANAMA CITY FL 32405

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

TITLE D ☐ Delete  
NAME ANDERSON, ERIC  
STREET ADDRESS 2720 FREDERICA ST  
CITY-ST-ZIP OWENSBORO KY 42301

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

TITLE D ☐ Delete  
NAME ANDERSON, TODD  
STREET ADDRESS 2720 FREDERICA ST  
CITY-ST-ZIP OWENSBORO KY 42301

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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-03

850-785-6181

CR2E034 (10/02)