

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088946

1. Entity Name

CENTER FOR SENIOR STUDIES, INC.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90257 031 ***158.75

Principal Place of Business

3390 OCEANSHORE BLVD., UNIT 204
ORMOND BEACH FL 32176

Mailing Address

PO BOX 247
ORMOND BEACH FL 32175
US

2. Principal Place of Business

9690 W. Sample Rd.

3. Mailing Address

9690 W. Sample Rd.

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

Suite 203

City & State

Coral Springs, FL 33065

City & State

Coral Springs, FL 33065

Zip

33065

Country

USA

Zip

33065

Country

USA

4. FEI Number

59-3539831

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SADLER, JEFF

3390 OCEANSHORE BLVD., UNIT 204
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name

Diversified Business Concepts, Inc.

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

9690 W. Sample Rd.

Suite 203

City

Coral Springs

FL

Zip Code
33065

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] President

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

(NOTE: Registered Agent signature required when reinstating)

2/15/01

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME SADLER, JEFF ☐ Delete
STREET ADDRESS P. O. BOX 3236
CITY-ST-ZIP ORMOND BCH FL 32175

TITLE VD ☒ Delete
NAME PARR, ROBERT E
STREET ADDRESS P. O. BOX 3236
CITY-ST-ZIP ORMOND BCH FL 32175

TITLE VD ☒ Delete
NAME DIGHTON, RICHARD
STREET ADDRESS P. O. BOX 3236
CITY-ST-ZIP ORMOND BCH FL 32175

TITLE STD ☒ Delete
NAME SADLER, EILEEN
STREET ADDRESS P. O. BOX 3236
CITY-ST-ZIP ORMOND BCH FL 32175

TITLE VD ☒ Delete
NAME GIOVENETTA, JOE
STREET ADDRESS P.O. BOX 3236
CITY-ST-ZIP ORMOND BEACH FL 32175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VDT ☐ Change ☒ Addition
NAME Pangburn, Gregory A
STREET ADDRESS 9690 W. Sample Rd., Suite 203
CITY-ST-ZIP Coral Springs, FL 33065

TITLE VDS ☐ Change ☒ Addition
NAME Kaplan, Jan
STREET ADDRESS 9690 W. Sample Rd., Suite 203
CITY-ST-ZIP Coral Springs, FL 33065

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

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

TITLE ☐ 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] Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

Date

954-341-1814

Daytime Phone #

0454633

CR2E034 (10/00)