## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## P98000094930 DOCUMENT #

1. Entity Name

SENIOR GATOR ASSOCIATES, INC.



Principal Place of Business Mailing Address 13777 BELCHER RD 13777 BELCHER RD LARGO FL 33771 STE. 225 LARGO FL 33771 2. Principal Place of Business 3. Mailing Address 13777 BELCHER ROAD S. Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3556438 LARGO, FL. Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33771 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ~ Name PI<u>AZZA,</u> JOHN J. LOMBARTI, RITA A Street Address (P.O. Box Number is Not Acceptable) 311 PARK PLACE BLVD., 3777 BELCHER ROAD S. STE. 225 CLEARWATER FL 33759 Zip Code LARGO 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 (NOTE: Registered Agent signature required when reinstating) 1 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (10/02) Change ☐ Addition PIAZZA, JOHN J NAME NAME STREET ADDRESS 13777 BELCHER ROAD STREET ADDRESS CITY-ST-ZIP LARGO FL 33771 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME PIAZZA, ROSEMARY E NAME STREET ADDRESS 13777 BELCHER RD STREET ADDRESS CITY-ST-ZIP LARGO FL 33771 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME Lombardi, Rita A NAME STREET ADDRESS 13777 BELCHER RD STREET ADDRESS CITY-ST-ZIP Largo FL 33771 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

12. Thereby 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 accuracy, with all other like empowered.

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

**SIGNATURE:** 

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

MFJOHN

☐ Delete

☐ Delete

727-726-3310

Change

Change

☐ Addition

☐ Addition

FILED

Secretary of State

02-05-2003 90133 009 \*\*\*150.00

Feb 05, 2003 8:00 am