

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101940

1. Entity Name

HIGH MARK SENIOR SERVICES, INC.

FILED

May 18, 2000 8:00 am  
Secretary of State

05-18-2000 90298 044 \*\*\*150.00

Principal Place of Business

Mailing Address

500 SOUTH FLORIDA AVENUE  
SUITE 240  
LAKELAND FL 33801

500 SOUTH FLORIDA AVENUE  
SUITE 240  
LAKELAND FL 33801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
500 S. Florida Avenue, Suite 240  
Lakeland, FL 33801

Suite, Apt. #, etc.  
500 S. Florida Avenue, Suite 240  
Lakeland, FL 33801

City & State

City & State

4. FEI Number

59-3610108

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH HULSEY & BUSEY  
225 WATER STREET  
SUITE 1800  
JACKSONVILLE FL 32202

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
JOHN B. HART  
500 S. Florida Avenue, Suite 240  
Lakeland, FL 33801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
MARK R. WEUS  
500 S. Florida Avenue, Suite 240  
Lakeland, FL 33801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPS  
JOHN J. PENNACHIO  
500 S. Florida Avenue, Suite 240  
Lakeland, FL 33801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TAS  
BARRY M. FITTERMAN  
500 S. Florida Avenue, Suite 240  
Lakeland, FL 33801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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, without other like empowered.

SIGNATURE: Barry M. Fitterman 4/28/00 863/284-1181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #