2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

with an address, with all other

FILED DOCUMENT # 721746 Mar 08, 2000 8:00 am **Secretary of State** LIFE MANAGEMENT CENTER OF NORTHWEST FLORIDA, INC 03-08-2000 90077 009 ****70.00 Principal Place of Business Mailing Address 525 EAST 15TH STREET 525 EAST 15TH STREET PANAMA CITY FL 32405 PANAMA CITY FL 32405-5412 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State 4. FEI Number Applied For 59-1375195 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HAMPTON, PETER T. PH. D. **525 EAST 15TH ST** PANAMA CITY FL 32405 Zip Code Fl 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE ☐ Delete DS TITLE NAME NAME RICHARDSON, ALAN BARTON, HILDON 1200 S MCGEE RD STREET ADDRESS STREET ADDRESS P.O. BOX 1152 CITY-ST-ZIP CITY-ST-7IP BONIFAY, FL 32425 PORT ST JOE FL 32457 ☐ Change X Addition TITLE ĎΡ Delete TITLE D NAME NAME JACKSON, CURTIS HAMM, JERRY STREET ADDRESS STREET ADDRESS 1007 JENKS AVENUE 3712 SHORELINE CIRCLE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL PANAMA CITY FL 32405 Change M Delete ☐ Addition TITLE TITLE FISHEL, JOHN II NAME NAME FISHEL, JOE STREET ADDRESS 209 E 4th STREET STREET ADDRESS 209 E 4TH ST CITY-ST-ZIP 32401 Panama City FL CITY-ST-ZIP <u>Panama City FL 32401</u> Change X Addition TITI F TITLE ☐ Delete NAME NAME MILLER, LOIS WELLS, MAX STREET ADDRESS STREET ADDRESS 1508 MISSISSIPPI AVE P O BOX CITY-ST-ZIP CITY-ST-ZIP CHIPLEY, FL. <u>Lynn haven fl 32444</u> K Change ☐ Addition ☐ Defete TITLE NAME BRADY, JOHN BRADY, JOHN STREET ADDRESS STREET ADDRESS 192 TREASURE PALM DRIVE 192 TREASURE PALM DRIVE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL PANAMA CITY BEACH, FL 32408 TITLE D۷ Delete TITLE Change ☐ Addition NAME DUKES, JAMES C NAME DUKES, JAMES C STREET ADDRESS STREET ADDRESS 2336 WASHINGTON STREET LYNN HAVEN FL 32444 2336 WASHINGTON STREET CITY-ST-ZIP CITY-ST-ZIP LYNN HAVEN FL 32444 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

James C Dukes

(850)

769-9481

Daytime Phone #

LIFE MANAGEMENT CENTER OF NORTHWEST FLORIDA, INC. 525 EAST 15TH STREET PANAMA CITY, FLORIDA 32405

Board of Directors

D Yvette Crawford 2721 Ravenwood Court Lynn Haven, Fl. 32444

D Johnson, John L. (Financial Advisor) PO Box 1698 Panama City, Fl. 32402

D Utzinger, Carol 118 Monica Drive Port St. Joe, Fl. 32456 D
Eugene L. (Gene) Nakamura
107 Greenwood Drive
Panama City, Fl. 32407

D Nelson, Gladys 1217 South Boulevard Chipley, Fl. 32428

D Wilson, Ted R., M.D. 740 Harrison Avenue Panama City, Fl. 32401