

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003133

1. Entity Name

LIFE EXTENSION FOUNDATION BUYERS CLUB, INC.

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90123 033 \*\*\*150.00

Principal Place of Business 995 S.W. 24TH STREET FORT LAUDERDALE FL 33315	Mailing Address 995 S.W. 24TH STREET FORT LAUDERDALE FL 33315-2431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 86-0854434	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent  SINGER, BERNARD A 4925-A SHERIDAN STREET HOLLYWOOD FL 33021			7. Name and Address of New Registered Agent		
			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 \_\_\_\_\_ (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	P	<input checked="" type="checkbox"/> Delete	TITLE	DAVID ALTYANDER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, GREG		NAME	995 SW 24TH STREET	
STREET ADDRESS	995 SW 24TH STREET		STREET ADDRESS	FT LAUDERDALE, FL 33315	
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	CYNTHIA LOON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTHE, KIM		NAME	995 SW 24TH STREET	
STREET ADDRESS	995 SW 24TH STREET		STREET ADDRESS	FT LAUDERDALE, FL 33315	
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATER, GARY		NAME		
STREET ADDRESS	995 SW 24TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP		
TITLE	XD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEKICH, DAVE		NAME		
STREET ADDRESS	995 SW 24TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, BRENDA		NAME		
STREET ADDRESS	995 SW 24TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNT, JIM		NAME		
STREET ADDRESS	995 SW 24TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		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]* \_\_\_\_\_ DATE: 6/4/2000 DAYTIME PHONE #: 854-766-8433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)