

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001888

1. Entity Name
AMERI-LIFE & HEALTH SERVICES OF CHARLOTTE COUNTY

Principal Place of Business
4017 S. TAMiami TRAIL
PORT CHARLOTTE FL 33952

Mailing Address
4017 S. TAMiami TRAIL
PORT CHARLOTTE FL 33952

2. Principal Place of Business

3. Mailing Address
2536 Countryside Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
6th Floor

City & State

City & State
Clearwater, FL

Zip

Country

Zip 33763

Country S.A.

4. FEI Number 59-3665463

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAIKARA, KIMBERLY J
2536 COUNTRYSIDE BLVD, 6TH FL
CLEARWATER FL 33763

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LLC Manager American Insurance Administrators, Inc. 2536 Countryside Blvd. 6 th Floor Clearwater FL 33763	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Manager Stephen Sestilio 2536 Countryside Blvd. 6 th Floor Clearwater FL 33763	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

W. Dennis Pepe
SIGNATURE REQUIRED W. Dennis Pepe

2/23/01

(727) 726-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 MAR 12 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

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