

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90058 015 ***150.00

DOCUMENT # P97000098012

1. Entity Name

AMERI-PLUS BENEFIT PROGRAM, INC.

Principal Place of Business

Mailing Address

2536 COUNTRYSIDE BLVD
 SIXTH FL.
 CLEARWATER FL 33763
 US

2536 COUNTRYSIDE BLVD
 SIXTH FL.
 CLEARWATER FL 33763-1639
 US

832786



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3491672

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

THORNTON, R. MAURY
2536 COUNTRYSIDE BLVD
SIXTH FLOOR
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

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 | PD | <input type="checkbox"/> Delete |
| NAME | BOESCH, DONALD | |
| STREET ADDRESS | 2536 COUNTRYSIDE BLVD, FIFTH FLOOR | |
| CITY-ST-ZIP | CLEARWATER FL 33763 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | THORNTON, R. MAURY | |
| STREET ADDRESS | 2536 COUNTRYSIDE BLVD, SIXTH FLOOR | |
| CITY-ST-ZIP | CLEARWATER FL 33763 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |

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| 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *R. Maury Thornton* **R. Maury Thornton** 3/23/00 727-726-0726
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #