

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004010

1. Entity Name

LIFELINE MANAGEMENT, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90044 017 ***150.00

Principal Place of Business

Mailing Address

600 CLIFTY ST
P O BOX 938
SOMERSET KY 42502-0938
US

600 CLIFTY ST
P O BOX 938
SOMERSET KY 42502-0938
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1101034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIGSBY, TERRY
BLANK, RIGSBY & MEENAN
204 S. MONROE STREET
TALLAHASSEE FL 32301

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 P ☐ Delete
NAME WILSON, JAMES T
STREET ADDRESS 554 HIGHWAY 790
CITY-ST-ZIP BRONSTON KY

TITLE Director ☐ Change ☒ Addition
NAME Dr. Richard H. Weddle
STREET ADDRESS 208 College
CITY-ST-ZIP Somerset, Ky 42501

TITLE D ☐ Delete
NAME RANDALL, JAMES
STREET ADDRESS 2112 SUNDAY DRIVE
CITY-ST-ZIP SOMERSET KY

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

TITLE S ☐ Delete
NAME SNYDER, EVELYN
STREET ADDRESS 622 MARGRAVE ST
CITY-ST-ZIP HARRIMAN TN

TITLE ☒ Change ☐ Addition
NAME 206 Willow Drive
STREET ADDRESS Kingston, TN
CITY-ST-ZIP 37763

TITLE S ☐ Delete
NAME FRAZER, JAMES M
STREET ADDRESS 7 STONEEDGE DRIVE
CITY-ST-ZIP MONTICELLO KY

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

TITLE T ☐ Delete
NAME FRAMER, STEWARD
STREET ADDRESS 106 LAKE CLIFT DR
CITY-ST-ZIP SOMERSET KY

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

TITLE D ☒ Delete
NAME MALONE, PHILIP
STREET ADDRESS 13121 UNIVERSITY DRIVE
CITY-ST-ZIP FT. MYERS FL 33907

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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. FRAZER

Date

Daytime Phone #

606679.4100

CR2E034 (9/99)