

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90028 006 ***150.00

DOCUMENT # F93000004010

1. Entity Name
LIFELINE MANAGEMENT, INC.

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

600 CLIFTY Street
Suite, Apt. #, etc.

600 CLIFTY Street
Suite, Apt. #, etc.

City & State
Somerset KY
Zip 42503 Country USA

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Somerset KY
Zip 42503 Country USA

4. FEI Number 61-1101034

Applied For
Not Applicable

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

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

Name R. Terry Riggsby
Street Address 817 N. Gadsden Street
City Tallahassee FL Zip Code 32303-6313

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	WILSON, JAMES T	554 HIGHWAY 790	BRONSTON KY	<input type="checkbox"/>
D	RANDALL, JAMES	2112 SUNDAY DRIVE	SOMERSET KY	<input type="checkbox"/>
S	SNYDER, EVELYN	206 WILLOW DR.	KINGSTON TN 37763	<input type="checkbox"/>
S	FRAZER, JAMES M	7 STONEEDGE DRIVE	MONTICELLO KY	<input type="checkbox"/>
T	FRAMER, STEWARD	106 LAKE CLIFT DR	SOMERSET KY	<input type="checkbox"/>
D	WEDDLE, RICHARD DR.	208 COLLEGE	SOMERSET KY 42501	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/01

Date

606-679-4100

Daytime Phone #

CR2E034 (10/00)