

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90175 026 ***150.00

DOCUMENT # F93000004010

1. Entity Name
LIFELINE MANAGEMENT, INC.

Principal Place of Business
 600 CLIFTY ST
 SOMERSET KY 42503
 US

Mailing Address
 600 CLIFTY ST
 SOMERSET KY 42503
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

RIGSBY, R. TERRY
~~817 GADSDEN STREET~~
~~TALLAHASSEE FL 32303-6313~~

7. Name and Address of New Registered Agent

Name
 Street Address (R.O. Box Number is Not Acceptable) **# 440**
 City **Tallahassee** **FL** Zip Code **32301**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED** *1/8/02* *606-679-4100*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
James M. Frazer, Director

CR2E034 (9/01)