

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001947

1. Entity Name

LIFE OF THE SOUTH SERVICE COMPANY

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90095 029 \*\*\*150.00

Principal Place of Business	Mailing Address
100 WEST BAY STREET JACKSONVILLE FL 32202	100 WEST BAY STREET JACKSONVILLE FL 32202-3838

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	58-1761017	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$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
HOUSTON, JR., ESQ, CLARENCE H CONE, YONG, STEWART & HOUSTON, P.A. 1050 RIVERSIDE AVE., (P.O. BOX 4550, 32201) JACKSONVILLE FL 32204	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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	--

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table><tr><td>TITLE</td><td>DC</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>HOUSTON, N G III</td><td></td></tr><tr><td>STREET ADDRESS</td><td>PO BOX 925/ 205 DOGWOOD DR.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>NASHVILLE GA 31639</td><td></td></tr></table>	TITLE	DC	<input type="checkbox"/> Delete	NAME	HOUSTON, N G III		STREET ADDRESS	PO BOX 925/ 205 DOGWOOD DR.		CITY-ST-ZIP	NASHVILLE GA 31639		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Delete																							
NAME	HOUSTON, N G III																								
STREET ADDRESS	PO BOX 925/ 205 DOGWOOD DR.																								
CITY-ST-ZIP	NASHVILLE GA 31639																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>DVST</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>HARDEGREE, DAVID L</td><td></td></tr><tr><td>STREET ADDRESS</td><td>100 WEST BAY STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>JACKSONVILLE FL 32202</td><td></td></tr></table>	TITLE	DVST	<input type="checkbox"/> Delete	NAME	HARDEGREE, DAVID L		STREET ADDRESS	100 WEST BAY STREET		CITY-ST-ZIP	JACKSONVILLE FL 32202		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	DVST	<input type="checkbox"/> Delete																							
NAME	HARDEGREE, DAVID L																								
STREET ADDRESS	100 WEST BAY STREET																								
CITY-ST-ZIP	JACKSONVILLE FL 32202																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>DP</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>HAMIL, NED</td><td></td></tr><tr><td>STREET ADDRESS</td><td>100 WEST BAY STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>JACKSONVILLE FL 32202</td><td></td></tr></table>	TITLE	DP	<input type="checkbox"/> Delete	NAME	HAMIL, NED		STREET ADDRESS	100 WEST BAY STREET		CITY-ST-ZIP	JACKSONVILLE FL 32202		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete																							
NAME	HAMIL, NED																								
STREET ADDRESS	100 WEST BAY STREET																								
CITY-ST-ZIP	JACKSONVILLE FL 32202																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>SHAW, LOYD L</td><td></td></tr><tr><td>STREET ADDRESS</td><td>PO BOX 925/ DOGWOOD DR.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>NASHVILLE GA 31639</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	SHAW, LOYD L		STREET ADDRESS	PO BOX 925/ DOGWOOD DR.		CITY-ST-ZIP	NASHVILLE GA 31639		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	SHAW, LOYD L																								
STREET ADDRESS	PO BOX 925/ DOGWOOD DR.																								
CITY-ST-ZIP	NASHVILLE GA 31639																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: David L. Hardegree Date: 5-3-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)