

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001947

1. Entity Name

LIFE OF THE SOUTH SERVICE COMPANY

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90720 009 ***150.00

0020304 AV

Principal Place of Business

100 WEST BAY STREET
JACKSONVILLE FL 32202

Mailing Address

100 WEST BAY STREET
JACKSONVILLE FL 32202



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 ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOUSTON, JR., ESQ, CLARENCE H
CONE, YONG, STEWART & HOUSTON, P.A.
1050 RIVERSIDE AVE., (P.O. BOX 4550, 32201)
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

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]

4-2-02

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

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	DVST	<input type="checkbox"/> Delete
NAME	HARDEGREE, DAVID L	
STREET ADDRESS	100 WEST BAY STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HAMIL, NED	
STREET ADDRESS	100 WEST BAY STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02 (904)350-9660

Date

Daytime Phone #

CR2E034 (9/01)