

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000545

1. Entity Name

LIFEUSA SECURITIES, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90108 003 ***150.00

Principal Place of Business

Mailing Address

POBOX 59177
MINNEAPOLIS MN 55459-0177
US

POBOX 59177
MINNEAPOLIS MN 55459-0177
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 **41-1840929**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 **D** ☐ Delete
NAME **MACDONALD, ROBERT W**
STREET ADDRESS **422 LAFAYETTE AVE.**
CITY-ST-ZIP **DEEPHAVEN MN 55331**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **FARLEY, MICHAEL W.**
STREET ADDRESS **14810 30TH AVE N.**
CITY-ST-ZIP **PLYMOUTH MN 55447**

TITLE **D** ☐ Delete
NAME **HUGHES, MARGERY G**
STREET ADDRESS **10 WILLOW WOODS DR.**
CITY-ST-ZIP **TONKA BAY MN 55331**

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

TITLE **CEO** ☐ Delete
NAME **ZESBAUGH, MARK A**
STREET ADDRESS **3973 TROTTER CT.**
CITY-ST-ZIP **EAGAN MN 55123**

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

TITLE **C** ☐ Delete
NAME **GARDNER, TRACY**
STREET ADDRESS **13030 12TH AVE SOUTH.**
CITY-ST-ZIP **PLYMOUTH MN 55441**

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

TITLE **T** ☐ Delete
NAME **ROSENBAUM, PHILIP B**
STREET ADDRESS **5417 NEWTON AVE**
CITY-ST-ZIP **MINNEAPOLIS MN 55419**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Tracy Gardner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00

Date

612-513-7114

Daytime Phone #

CR2E034 (9/99)